DOCUMENT RESUME

ED 459 140 SP 039 841

AUTHOR	Larson, Kathlene
TITLE	Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Advisory Councils.
INSTITUTION	Iowa State Dept. of Public Health, Des Moines.
PUB DATE	1999-00-00
NOTE	168p.; The accompanying disk, "Community School Health Advisory Council Transparencies," is not available from ERIC.
AVAILABLE FROM	Iowa Department of Public Health, 321 East 12th Street, Des Moines, IA 50319-0075 ($30). Tel: 800-383-3826 (Toll Free).
PUB TYPE	Guides - Non-Classroom (055)
EDRS PRICE	MF01/PC07 Plus Postage.
DESCRIPTORS	*Advisory Committees; *Comprehensive School Health Education; Elementary Secondary Education; Health Promotion; Partnerships in Education; Planning; *School Community Programs; *School Health Services

ABSTRACT

This guide presents a five-step approach to planning, conducting, and evaluating a community-school health advisory council. The five steps are: (1) convening an advisory council (learning about community-school health advisory councils, obtaining support from the school district, identifying potential members, organizing and conducting the first meeting, and following up); (2) creating a vision and building ownership (planning the next meeting to create a vision, establishing ground rules, and developing a vision); (3) developing an action plan (planning the next meeting on writing an action plan, confirming the council's vision, describing the relationship of change and planning, and writing an action plan); (4) taking action and getting results (designing a structure for the council's work, creating a plan for marketing the council's efforts, and handling conflict); and (5) maintaining momentum (evaluating the council's efforts, holding an annual renewal meeting, revitalizing council membership, expanding school health improvement efforts, and considering conducting a needs assessment). Six appendixes present: "Improving School Health: A Guide to School Health Councils"; a meeting planner; scripts and transparencies; "School Health Programs: An Investment in Our Nation's Future"; an agenda for future meetings; and information on conducting a needs assessment. A disk is included in order to print out transparencies. (Contains 20 references.) (SM)

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Promoting Healthy Youth, Schools, and Communities:

A Guide to Community-School Health Advisory Councils

ED 459 140

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Community
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Promoting Healthy Youth, Schools, and Communities: A Guide to Community School Health Advisory Councils

Welcome

BACKGROUND

Schools play a central role in promoting the health of children in our communities. In the past, school health was limited to clinical services by a school nurse and providing educational programs about human biology. Today, schools recognize that children's health directly affects their capacity to learn. School staff also know that the school's environment and extra-curricular activities influence children's health.

Now more than ever, children face new challenges and risks in their school environment and they need concerned adults to become involved.

Most communities are very proud of their school system. As parents and citizens become more aware of and concerned about the health problems of children and youth, they naturally turn to their schools for solutions. Schools often can improve the health of the children they serve. Schools can monitor immunization status, make referrals for health care, and teach and encourage healthful behaviors. However, the most troubling problems cannot be solved by schools alone. Experience has shown that when schools involve parents and other partners from the community, the responsibility is shared and many difficult problems can be successfully addressed.

One effective way to promote this partnership is to start a Community-School Health Advisory Council (CSHAC). Made up of a broad cross-section of parents, business and community leaders, and school staff, such a Council facilitates communication and problem solving about health-related issues of children and youth. Schools often convene councils, and many suggested actions occur within the schools. But many activities require the participation of the whole community and may be based outside of the school buildings. Each Council develops its own unique agenda, which reflects its community's concerns, values, and resources.

INTENDED USERS

This Guide is tailored to the planning needs of school district staff charged with forming a Community-School Health Advisory Council. The Guide also will be useful to school staff who work with other health-related school committees, as well as parents and other community partners interested in promoting coordinated school health.

Community School Health Advisory Councils

FORMAT OF THE GUIDE

This Guide provides a practical, five-step approach to planning, conducting and evaluating a Community-School Health Advisory Council. Information is presented in a series of short modules with brief explanations and specific tools. It is organized as a how-to manual with information on planning and leading meetings, recruiting potential members, background reading, meeting handouts, checklists for planning, forms for reporting on the work accomplished, and other resource materials.

PURPOSE OF THE GUIDE

Only a few community-school health advisory councils exist in our state. This Guide will help school districts develop councils. The Guide promotes a planning process that

- includes the whole community,
- focuses on building assets or protective factors in children and youth, and
- views health in a comprehensive and holistic manner.

ADDRESSING CONCERNS

There may be some individuals or groups in your school or community who have serious concerns about school health and forming a Council. You will want to consider thoughtful responses to these concerns and take time to respond clearly and respectfully when they arise. Here are some typical concerns along with suggested responses.

CONCERN	RESPONSES
"We don't have the money, training, or facilities for school health."	"Funding and other resources are limited. This is an opportunity to look at what we already have in place and what we want that is new and different. Then we can decide how much money, training, and space is needed. For example, specific training might become part of regularly scheduled professional development days. By looking at what we have and coordinating our efforts with others, we might actually save resources. This savings could be used to start other new programs."

CONCERN	RESPONSES
"I don't have enough time. My schedule can't handle one more thing."	"In the long run, you may not have to do more than you do already. A truly coordinated school health program will take less time overall because it reduces duplication of effort."
"We've always done it this way."	"Just because we have always done it a certain way does not mean it is the best way for our students. The needs and concerns of youth and their families have changed. As schools, we also need to change to meet their changing needs. Change is difficult, but by not changing we are not supporting our students."
"When I went to school, we didn't have school health programs, and I turned out okay."	"Today's youth face very different issues from those of the past. When teachers work alone, they cannot meet the complex needs of students. In the past we worried about communicable diseases among our children. Now they face 'new morbidities' such as early and unprotected sex, eating disorders, substance use, violence, and depression. Research shows that these problems lead to school failure and reduced quality of life as adults. Without more supports and services, many of our students will not learn to become successful adults."

CONCERN	RESPONSES
"We're in the business of education, not in the business of health."	"Our primary focus is education. But kids who are hungry, sick, in trouble, or depressed do not learn, no matter how good the school. Learning and health are closely related. By addressing our students' health needs now, we hope to see improvements in school achievement and in the numbers of kids who are ready for school and life."
"If it ain't broke, don't fix it."	"But it is 'broke.' Kids are not developing to their full potential. Not all of our students are succeeding. We need to give them more support and services that promote positive development. This is the best way we can increase our students' academic success."
"What's in it for me?"	"Your job will be easier. When students' health-related needs are met, more students will arrive at school ready to learn. Their successes will make them more willing to participate and less likely to become disruptive. That—in the long run—will increase your success with more students.

ORGANIZATION OF THE GUIDE

The first module, *Introduction*, highlights key aspects of comprehensive school health and community-school health advisory councils. The next five modules are a "how-to" guide to the basic steps of creating a Council. At the end of the Guide, you will be able to

1. organize a Community-School Health Advisory Council,
2. develop a vision for the Council's work,
3. write an action plan,
4. evaluate your efforts, and
5. maintain the Council's momentum.

Worksheets and sample handouts will steer you through the Guide's planning process. Hard copies of most worksheets and handouts appear at the end of each step. A diskette attached to the inside cover of the Guide contains a modifiable electronic version of the blank worksheets and sample handouts that you can use in their current form or modify for your particular circumstance.

Each module begins with a statement of intended learning outcomes and finishes with next steps. Pages are numbered sequentially within modules.

APPROACH TO BUILDING THE COUNCIL

There is no single right way to form a Council and promote positive change for the health of children and youth. Nor is there a cookbook approach for implementing comprehensive school health. Schools and communities must work together to turn needs, resources, and desires into a solid plan.

This Guide offers a strategic five-stage process for achieving a vision of healthy children and youth who are able to learn and leave school ready for life. The model was developed by the U.S. Departments of Education, and Health and Human Services to promote partnerships between education and human services. On the next page *A Process for Change* illustrates the Guide's approach to forming school and community partnerships for promoting healthy students.

A PROCESS FOR CHANGE

Stage 1: Get together

- Commit to work together on school health
- Involve the right people
- Hold the first meeting
- Decide to act

Reflect and celebrate

Stage 2: Create a vision

- Develop a base of common knowledge about school health
- Define a shared vision

Reflect and celebrate

Stage 3: Develop a plan

- Identify priorities
- Design an action plan

Reflect and celebrate

Stage 4: Take action

- Implement plan
- Celebrate achievements
- Recognize contributions
- Evaluate progress

Reflect and celebrate

Stage 5: Review commitment

- Build community reputation
- Deepen commitment to vision
- Recruit new members and develop new leaders
- Adapt and expand action plan

Repeat the process beginning with . . . Get together

Adapted from *Together We Can, A Guide for Crafting a Profamily System of Education and Human Services* by Atelia I. Melaville, and Martin J. Blank with Gelareh Asayesh (Washington, DC: U.S. Government Printing Office, April 1993)21.

School Health

Coordinated School Health: An Overview

IN THIS STEP:

- ☐ Why is school health important?
- ☐ What do school health programs include?
- ☐ How do we promote family involvement in school health improvement?
- ☐ What are the roles of a Community-School Health Advisory Council?

WHY IS SCHOOL HEALTH IMPORTANT?

Research confirms what we have known all along. The health of children and adolescents depends on their families, schools, and communities.

- Youth who feel connected to their families and schools are healthier and less likely to get in trouble.
- When parents are involved in schools, learning, behavior, and attitudes of students improve.
- The educational background of parents and the condition of neighborhoods are strong indicators of children's success.
- Families, schools, and government agencies are limited in what they can do alone to address the health issues of youth.

You may be wondering why health is important for schools to address. The health issues currently facing children and youth differ from those 30 or 40 years ago. Then, children were often harmed by infectious diseases, but advances in medications and vaccines have greatly reduced these problems.

Today, the health of children and adults alike is linked more than ever to the behaviors that they adopt. These six behaviors account for most of the serious illnesses and premature deaths in the United States:

- tobacco use,
- poor eating habits,
- abuse of alcohol and other drugs,
- behaviors that result in intentional (violence and suicide) and unintentional injuries (motor vehicle accidents),
- physical inactivity, and
- sexual behaviors that result in HIV infection and other sexually transmitted diseases, and unintended pregnancies.

> *"Efforts to improve school performance that ignore health are ill-conceived, as are health improvement efforts that ignore education."*
>
> *Health Is Academic*

> *"If schools do not deal with children's health by design they deal with it by default."*
>
> *Health Is Academic*

Community School Health Advisory Councils

The problems caused by these behaviors reduce children's school attendance and success. Education and health are linked. Schools alone cannot address all the health needs of children and youth. However, schools provide a focal point for preventing or reducing risky health behaviors and for promoting healthy ones.

WHAT DO SCHOOL HEALTH PROGRAMS INCLUDE?

Prevention programs that reduce health risks and improve the health status of children work well. After looking at many research studies, the Centers for Disease Control and Prevention (Kolbe, Collins, and Cortese, 1997) concluded that for every $1 invested in

- effective tobacco education, society saves an estimated $26.45 in health care and other costs.
- alcohol and other drug use prevention, society saves $5.69.
- prevention of early and unprotected sexual activity, society saves $5.10.

The best school health programs are more than just a prevention program designed to reduce teen smoking or increase seat belt use. Rather, they are coordinated and comprehensive approaches to health that

- target key risk factors to health and learning;
- gain support from students, parents, friends, and adults within the community;
- invite the thoughts and participation of many individuals, groups, and agencies;
- incorporate many different strategies for promoting and educating about health;
- prepare school staff and others to implement these strategies; and
- employ a program planning process that includes a wide variety of stakeholders.

The Centers for Disease Control and Prevention created a model for coordinated school health that includes eight key parts: (See Appendix D)

1. Health education in grades K-12 curricula that addresses the physical, emotional, mental, and social aspects of health—designed to help students improve their health, prevent illness, and reduce risky behaviors.
2. Physical education in grades K-12 curriculum that promotes lifelong physical activity.
3. Health services that provide preventive services, education, emergency care, referrals, and management of acute and chronic health problems—designed to prevent health problems and ensure care for students.

Children and youth are at risk in the United States

- *More than 3,000 youth start smoking every day.*
- *Daily participation in high school physical education classes dropped from 42 percent in 1991 to 27 percent in 1997.*
- *More than 70 percent of youth do not eat the recommended daily amount of fruits and vegetables.*
- *Each year, about 1 million teens become pregnant and 3 million become infected with a sexually transmitted disease.*
- *More than 30,000 youth die in motor vehicle accidents each year.*

Centers for Disease Control and Prevention, www.cdc.gov/nccdphp/dash/

4. Nutrition services that integrate access to nutritious and appealing meals, nutrition education, and an environment that promotes healthy eating.
5. A healthful school environment that provides a safe, healthy, and supportive climate for learning.
6. Counseling and psychological services that include individual and group assessments, interventions, and referrals—designed to prevent problems early and enhance healthy development.
7. Health promotion for staff that includes assessment, education, and fitness activities for school faculty and staff who serve as role models for students.
8. Family and community involvement that includes community-school health advisory councils and coalitions to build support for school health programs.

Evaluation of early efforts to start coordinated school health programs showed great promise. Schools that implemented programs found these positive outcomes:

- improved attendance;
- less smoking among students and school staff;
- lower rates of teen pregnancy;
- increased participation in physical fitness activities;
- greater interest in cholesterol levels and healthier diets; and
- increased use of school health and counseling services, which resulted in fewer discipline problems and delayed the onset of risky behaviors.

HOW DO WE PROMOTE FAMILY INVOLVEMENT IN SCHOOL HEALTH IMPROVEMENT?

Family involvement is a key part of coordinated school health programs. Sometimes school staff are unfamiliar with ways to encourage the participation of family members in the school's activities. Schools also have not always been perceived as family-friendly settings.

Schools can take a number of concrete steps to help families feel more comfortable with becoming involved in efforts to improve school health. First, recognize that families come in many forms and sizes, and have different values and beliefs. Promote and display many different kinds of families in materials. Hire culturally diverse staff who have been trained in family and community customs, and offer translation and other culturally sensitive services to non-English speaking families.

Second, establish a working relationship with families by engaging parents early—when their children are preschoolers or just beginning school. Treat parents as resources rather than barriers to students' educa-

There are no prescribed formulas for creating a coordinated school health program. However, these elements are key:

- *Create a customized plan based on the needs and strengths of the school and community.*
- *Foster teamwork and collaboration at all levels among both community and school members.*
- *Involve youth, families, and other community members in planning and decision making.*
- *Commit to continuing school health improvement.*

tion. Offer families choices on their level of participation in their children's education. Reach out to all families, even those who do not attend parent meetings or regularly volunteer in the school.

Third, create a safe, welcoming environment for family members. Staff need to talk directly and politely to all family members. Comfortable spaces and refreshments for families who are visiting the school make them feel more welcome. Teachers can accommodate the needs of older adults by using appropriate communication techniques and providing signs with large print and adequate lighting. In addition, local employers can be encouraged to adopt policies that support adult participation in children's education.

WHAT ARE THE ROLES OF A COMMUNITY-SCHOOL HEALTH ADVISORY COUNCIL (CSHAC)?

An important way to engage families in the school is through involvement in a Community-School Health Advisory Council. A CSHAC is a core group of parents, youth, educators, and others who represent different segments of the community. The group works together to give advice and support to the school on all parts of its school health program. Read the information sheet *Benefits of a Community-School Health Advisory Council* (Step 1, page 1-15) to learn more about its contributions to the school and community.

The key purpose of a CSHAC is "advising." The Council is not part of the school's administrative structure nor does it hold any legal responsibilities. The kind of advice given depends upon the role the school wants it to serve.

CSHACs can help in the following ways:

1. *Program planning,* such as participating in curriculum review, identifying emerging health issues, encouraging innovation in health education, and providing inservice training programs.
2. *Advocacy,* such as ensuring that sufficient resources are given to support school health and health education programs, helping to build understanding between the school and community, and linking the school to other community resources.
3. *Fiscal planning,* such as helping to raise funds for local programs and preparing grant applications.
4. *Education,* such as initiating policies related to smoking, alcohol use, and the sale of nutritious foods; and organizing schoolwide health promotion events.
5. *Evaluation and accountability,* such as ensuring that the school's health and physical education programs are achieving their goals, obtaining input from parents and school staff, and identifying health needs.

Why is family involvement important to schools?

The National Parent Teacher Association cites these research findings to support family involvement in the school:

- *When parents are involved, students achieve more, regardless of socio-economic status, race, or parents' educational attainment.*
- *Student use of alcohol, violence, and antisocial behavior decreases as parents become more involved in the school.*
- *The benefits of involving family members are not confined to the elementary grades. Significant gains have been found at all ages and grade levels.*
- *Effective planning efforts are co-led by school administrators, teachers, and parents, and have access to financial resources to support their efforts.*
- *Schools where families are involved have more support from families and better reputations in the community.*

National Standards for Parent/Family Involvement Programs

One of the important tasks in forming a CSHAC is to identify the purpose and roles it will serve in your community. You will learn more about this task in Step 2. This Guide provides schools, parents, and communities with the tools to build a Community-School Advisory Council committed to school health improvement. More than ever we need to appreciate and strengthen the connection between health and learning through a coordinated school health program.

KEY POINTS:

- The health status of children is linked to their behaviors and to their success or failure in school.
- Health education programs work.
- School health programs are more than a single prevention program and address physical, behavioral, social, and mental aspects of health.
- Community-school health advisory councils serve as a mechanism for advising schools on various aspects of school health.

Convening an Advisory Council

Step 1

IN THIS STEP:

- Learn about community-school health advisory councils.
- Obtain support from the school district.
- Identify potential members for the Council.
- Organize and conduct the first meeting.
- Follow up after the first meeting.

STARTING A COMMUNITY-SCHOOL HEALTH ADVISORY COUNCIL

Schools alone can't be responsible for the health and well-being of children and youth in their communities, but they play an important role. By creating a Community-School Health Advisory Council (CSHAC), schools can find partners within their communities to identify health problems and concerns, set priorities, and design solutions. Local leaders and parents know what is needed by their communities and children. When engaged as decision makers, communities have proven time and again that they are up to the task of addressing local problems and supporting schools in their tasks.

> *"With everyone in a community committed to making a difference, we can reverse unacceptable trends for our children and community."*
>
> *Making the Grade*

LEARN ABOUT COMMUNITY-SCHOOL HEALTH ADVISORY COUNCILS

You already may know a lot about school health and community involvement. Still, you should review the introduction to this Guide and the publication *Improving School Health: A Guide to School Health Councils* (Appendix A). Both resources provide essential background information on community-school health advisory councils.

OBTAIN SUPPORT FROM THE SCHOOL DISTRICT

A CSHAC usually begins with two or three individuals who are interested in making sure that health is effectively addressed in the schools. These individuals may be school staff, parents, concerned citizens, health-care professionals, or community agency representatives.

To gain support for the idea of a CSHAC, schedule a meeting with several key school personnel to begin forming a relationship with them. These key people may include a principal or the superintendent, a school nurse, a health teacher, a guidance counselor, or other interested school staff. At this meeting, begin sharing your perceptions about the need for a Community-School Health Advisory Council in your school and

Community School Health Advisory Councils

To successfully engage the school and community:

- *Meet with key school personnel and leaders.*
- *Identify existing school and community groups that address health issues. (Don't "reinvent the wheel.")*
- *Find a coordinator for the Council.*

community. For a successful Council, it is important that the school take an active role in convening the Council and that the school superintendent and other key personnel support the idea.

Before forming a new group, check with the school district to identify any existing school committees that deal with health issues. You do not want to form a new advisory Council if one already has been created or has school health as a part of its work. You also want to find out if the school has any policies about starting advisory committees. For example, some school districts require school board approval for new advisory committees. You may need to prepare a proposal for the school board to consider and then submit periodic reports on the Council's work to the board.

If the school district has existing committees that address health issues, meet with them to find out whether they are interested in comprehensive school health programs. Examples include committees for drug-free schools, school-based youth services projects, school wellness programs, TEAM nutrition projects, and school improvement teams. Often these groups are willing to refocus their efforts. Be sure the individuals in these groups have a genuine desire to promote comprehensive school health programs. You also want to be certain that they are willing to support the involvement of parents, youth, and other community members in the Council.

Another important step is to find a coordinator for the Community-School Health Advisory Council. The coordinator prepares meeting announcements, makes copies of agendas and other handouts for meetings, reminds Council members of their assignments, reserves locations for meetings, and performs other tasks that keep the Council running smoothly. You might ask the school to appoint a coordinator for the Council. The coordinator may be a school employee, a community agency employee, or a parent who would be willing to fulfill this role. The coordinator role also may be shared by two people.

No matter who fills this role, the coordinator needs clerical support for preparing meeting announcements, minutes, and other mailings to the Council. He or she also needs modest financial support or access to office equipment for telephone calls, postage, copying, and office supplies. The school district, another agency, or a local business may agree to help provide the necessary support.

IDENTIFY POTENTIAL MEMBERS FOR THE COUNCIL

Identify by name individuals and groups in your community who are likely to be interested in serving on a local Community-School Health Advisory Council (see *Community-School Partners to Invite* on page 1-7). Membership should be as broad and diverse as possible, including students from the school district and parents. Locate potential members' correct job titles, phone numbers, mailing addresses, and e-mail addresses (if available) and write them on the planning form.

Include a cross-section of people from your community on your list. Leadership takes many forms. It comes from charisma, connections, expertise, fame and visibility, integrity and credibility, life experiences, persuasive ability, position, and resources. You will find it easier to recruit leaders in the more formal, "organized" segments of your community, but don't overlook other leaders.

Volunteer and informal leaders are more difficult to involve but they make up the majority of the community. Their participation is critical to your Council's success. Their unique life experiences offer a valuable source of expertise and will help balance the perspectives of other community members.

To help identify these informal leaders, ask community service providers to recommend potential Council members. Principals, counselors, and teachers also are good sources for the names of parents and students who might otherwise be overlooked.

Helpful resources for identifying potential Council members:

- *local phone and address directories,*
- *membership lists of other school advisory groups, and*
- *list of the communities served by your school district, their ZIP codes.*

ORGANIZE AND CONDUCT THE FIRST MEETING

The first meeting will take the most time to organize. Allow about three to four weeks between sending out invitations and holding the first meeting. For subsequent Council meetings, send out notices to everyone on the Council at least ten days before the meeting. The actual time you spend preparing will depend on your knowledge of the stakeholders in the communities served by your school district, your other job responsibilities, and the amount of help others can provide.

Set a time, date, and place for an organizational meeting. Keep in mind such things as ease of parking, room comfort and accessibility, and other community activities scheduled for the same time. Arrange for child care if necessary. Some parents may not be able to attend a meeting if they have to find care for their children.

Invitations to the organizational meeting should encourage potential members to want to learn more about community-school health advisory councils. If you invite participants by phone or in person, follow up with a letter confirming the date, time, and location of the meeting. A sample letter of invitation and response form that you can adapt is on pages 1-11 and 1-13. Include the information sheet *Benefits of a Community-School Health Advisory Council* on page 1-15 with the letter.

Publicize the organizational meeting in the local media so interested citizens can attend. Use the sample news release on page 1-17 to prepare your media releases. You can place information in PTA/PTO newsletters or other school newsletters, and student and local newspapers. Also post information on library bulletin boards, and use other creative ways to spread the word.

Plan the meeting agenda

Invest enough planning time and you will be rewarded with an efficient and well run meeting.

Remember the 6 Ps of planning: prior proper planning prevents possible problems.

The success of the organizational meeting depends in large part on the amount of preparation you do. At the end of this step, you will find two handouts that will help you structure the agenda. They are *Agenda Planning Guide for the Organizational Meeting* and a sample *Meeting Agenda for the Organizational Meeting*. In addition, Appendix B *Meeting Planner Checklist* provides a step-by-step guide to planning the organizational meeting and all subsequent CSHAC meetings.

The *Agenda Planning Guide* provides details needed to conduct the first meeting. You will find suggested topics, a recommended amount of time for each, and possible speakers. The sample *Meeting Agenda for the Organizational Meeting* is a briefer version of the *Agenda Planning Guide*. You can modify the sample agenda on the diskette with your own meeting information and make enough copies for all participants.

Secure the necessary speaker, equipment, and supplies for the meeting. Ask your school superintendent to speak at this first meeting. Her or his presence will indicate the level of commitment being made to this partnership effort. The president of a parent-teacher organization, a physician or other health care provider, and a community leader who support the creation of a Council might also be good speakers to "sell" the idea to others. Appendix C contains a script and master transparencies to provide an overview of school health and a CSHAC.

Arrange for a healthy snack. One goal of a Council is to model healthy lifestyle practices. Ask your district's food service director if food service staff from a local school can provide a nutritious snack. This is a good opportunity to feature an often overlooked area of the school that contributes significantly to the health of children and youth.

Recruit several staff members to assist you at the meeting. One person can set up refreshments and refill supplies as needed, another person should greet participants as they arrive and direct them to the sign-in sheet and refreshments, and a third person should take minutes of the meeting.

Make enough copies of the handout *School Health Programs: An Investment in our Nation's Future* (Appendix D). Obtain copies of the American Cancer Society booklet, *Improving School Health: A Guide to School Health Councils* (Appendix A) for each participant.

Conduct the meeting

Arrive early to set up the room the way you want it. Remember, people participate best when they can see each other. If possible, put the chairs in a circle rather than straight rows. Most people prefer sitting at a table so they can take notes. If participants don't know each other, provide nametags.

Approximately 1½ to 2 hours are needed for the organizational meeting. You will need the following things for the meeting:

- sign-in sheet for attendance,
- name tags and markers,
- healthy snack,
- overhead projector,
- copies of the meeting agenda and other handout materials, and
- any other resources you decide to use.

Remember, the success of the Council meeting is everybody's responsibility. If you are the coordinator or chair, *your job is to help create the environment for interaction.* Stimulate discussion rather than dominate it.

FOLLOW-UP AFTER THE FIRST MEETING

The follow-up that's done after the first and all subsequent meetings is very important. Send minutes or a summary of the actions taken to all Council members and others you want to keep informed and engaged. It is critical that you write down what was discussed and agreed on during the meeting. Include a list of who attended the meeting, and agenda items and date for the next meeting. Appendix E *Next Meeting's Agenda* is a sample worksheet for preparing the next meeting agenda.

For a successful meeting, remember to

- *Start on time.*
- *Welcome everyone and have everyone introduce themselves.*
- *Review the agenda and focus discussion on the topics listed (to stay within time limits).*
- *Speak confidently, but don't be too formal.*
- *Encourage participation. People prefer to be asked rather than told.*
- *Ask for action and seek commitments.*
- *Summarize meeting results orally and in writing.*
- *Determine follow-up needed and who will be responsible; and identify agenda items for next meeting.*
- *Set the date, time, location, and purpose for the next meeting.*
- *Thank everyone for attending.*
- *End the meeting on time or earlier.*

Check Your Progress on Step 1

1. After the meeting:

How many people attended?

What were some examples of their responses?

What direction were you given by those attending?

Move ahead   Wait a while   Do nothing

2. What did you promise to do? By when?

3. What did others promise to do? By when?

4. What is the date, time, location, and purpose of the next meeting?

5. What are the agenda items for the next meeting?

6. Who else needs to be invited to the next meeting that did not participate this time?

Next step: Plan the next meeting on creating a vision for comprehensive school health.

Community-School Partners to Invite

Membership on your Community-School Health Advisory Council should be as representative of your community as possible. Involve people with a broad variety of education, experience, opinion, economic level, gender, race, age, and ethnic background. Who are the key players in your community and school?

Community Members	Name, Representing	Invited	Accepted	Attended
Attorneys		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
Business and industry leaders		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
Civic, service, and professional organizations		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
Clergy		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
Clients and customers of community services		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
Community government officials		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
Community leaders		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

Community Members	Name, Representing	Invited	Accepted	Attended
Extension specialists	________________	☐	☐	☐
	________________	☐	☐	☐
	________________	☐	☐	☐
Health-care providers				
Clinic	________________	☐	☐	☐
Dental	________________	☐	☐	☐
Dietitian	________________	☐	☐	☐
Emergency Medical Services	________________	☐	☐	☐
Hospital	________________	☐	☐	☐
Medical	________________	☐	☐	☐
Mental health	________________	☐	☐	☐
Human services agencies	________________			
Public health	________________	☐	☐	☐
Drug/alcohol counselors	________________	☐	☐	☐
Child protection services	________________	☐	☐	☐
Juvenile court system				
Judge	________________	☐	☐	☐
Probation officer	________________	☐	☐	☐
Nonprofit service providers	________________	☐	☐	☐
Parents				
Infants	________________	☐	☐	☐
Toddlers	________________	☐	☐	☐
Preschoolers	________________	☐	☐	☐
Kindergarten	________________	☐	☐	☐
Elementary school	________________	☐	☐	☐
Middle school	________________	☐	☐	☐
High school	________________	☐	☐	☐
Special education	________________	☐	☐	☐
Medically fragile	________________	☐	☐	☐
Parent teacher organizations	________________	☐	☐	☐
Police department	________________	☐	☐	☐
Public media	________________	☐	☐	☐

Community Members	Name, Representing	Invited	Accepted	Attended
School personnel		☐	☐	☐
Area education agency representative		☐	☐	☐
Coach		☐	☐	☐
Counselor		☐	☐	☐
Family and consumer sciences		☐	☐	☐
Food service worker		☐	☐	☐
Health teacher		☐	☐	☐
In-school support services provider		☐	☐	☐
Physical education teacher		☐	☐	☐
Principal		☐	☐	☐
School board member		☐	☐	☐
School nurse		☐	☐	☐
Teacher		☐	☐	☐
University faculty		☐	☐	☐
Senior citizens		☐	☐	☐
Students				
Middle school		☐	☐	☐
High school		☐	☐	☐
Student government representative		☐	☐	☐
Volunteer health agencies		☐	☐	☐
Youth groups		☐	☐	☐
Others		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

Letter of Invitation

(Place on school district letterhead)

<<date>>

<<title, name, position>>
<<agency>>
<<address>>
<<city, state, zip>>

Dear **<<title, name>>,**

We are looking for individuals who, in the words of Henry Ford, "have an infinite capacity for not knowing what can't be done" to make things happen in **(your community)**.

An exciting new partnership is being created between **(your school district)** and members of the **(your community)** community. Like many other school districts across the country, we are forming a **Community-School Health Advisory Council.** The purpose of the Council is to bring together individuals and groups from our community to address issues affecting the health and well-being of our children, youth, and families. As a **(designate specific representation)**, your participation is important to our success.

An organizational meeting will take place **(day and date)** from **(time)** at **(location)** to share information about **Community-School Health Advisory Councils.** We hope you will accept this invitation to attend. If you have questions about the Council, please contact **(your name, title, and phone).**

We believe more can be accomplished together than alone. The complex social problems threatening our children's future require a united effort if we are to improve the quality of life for the children and families in **(your community)**. Please join to make your community and schools more positive, health-promoting places to live and learn.

Sincerely,

(your school superintendent)

Response Form

(Use with letter of invitation. Could be printed on a self-addressed, stamped postcard.)

______ **YES,** I want to make a difference in my community. **I will attend** the organizational meeting to discuss the creation of a Community-School Health Advisory Council in (your community).

______ **YES,** I'm interested in the creation of a Community-School Health Advisory Council, **but I cannot attend the meeting.** Please keep me on your mailing list and inform me of future plans.

______ **NO,** I'm not interested in being involved in this partnership at this time. Please remove my name from your mailing list.

Name ______________________________

Representing ______________________________

Address ______________________________

City ______________________________

State ______________ ZIP ______________

Work Phone ______________ Home Phone ______________

Fax ______________

E-mail address (if available) ______________________________

Benefits of a Community-School Health Advisory Council

Community-School Health Advisory Councils

- are effective ways to improve student health and create healthy schools;
- help schools meet their mandates and community expectations;
- support school-health staffed programs;
- are voluntary;
- provide a way for community members to work together to accomplish more than they could alone;
- make the most of community resources and assets;
- reach more people within a community than a single institution could;
- are more credible than individual organizations or citizens;
- provide a forum for sharing information;
- provide a range of advice and perspectives;
- foster personal satisfaction and help members understand their roles in strengthening their community; and
- foster cooperation by building trust and consensus among grassroots organizations, community segments, and diverse citizens.

Adapted from *Developing Effective Coalitions: An Eight-Step Guide* by Larry Cohen, Nancy Baer, and Pam Satterwhite (Pleasant Hill, California: Contra Costa County Health Services Department of Prevention Program, Spring 1994) 4.

News Release

(Place on school district letterhead)

FOR IMMEDIATE RELEASE
Mail/Delivery Date: **(date)**

CONTACT: **(your name)**
(your phone)
(your address)
(your e-mail address)

Members sought for local Community-School Health Advisory Council

(Your city) school superintendent **(your district's leader)** announced plans today for the creation of a Community-School Health Advisory Council. "The purpose of the Council," (she/he) said, "is to bring together individuals and groups from **(your community)** to address issues affecting the health and well-being of children and youth living in our communities."

In stressing the importance of community partnerships, **(your superintendent)** said, "We believe our nation's most valuable resource is our children and youth. Unfortunately, we know that in America today one child in four is at risk for school failure and has fewer chances of becoming a healthy and productive adult. It is obvious to me that schools alone cannot solve the complex social problems threatening our children."

"Today's problems call for new ways of doing business," **(she/he)** said. "This Council will provide a way for parents, community leaders, students, health services providers, government officials and other local citizens to work together to improve the health and well-being of children and youth living in **(your community)**.

(Your superintendent) has high expectations for the Council. **(She/He)** said, "The Council will identify local concerns, establish priorities, make recommendations, and provide the strong leadership we need to create a more health-promoting environment in our schools and community." **(She/He)** invites any community member interested in becoming a Council member or learning more about the work of this Council to attend an organizational meeting on **(date, time, and meeting location)**. For additional information, contact **(your name), (your school district or title)**, at **(your phone number)**.

Agenda Planning Guide for the Organizational Meeting

Promoting Healthy Youth and Healthy Schools
(date, time, location)

Goal: Explore the possibility of creating a Community-School Health Advisory Council for **(your community)** ***to promote school health efforts.***

Get acquainted **(15 minutes)**

- Refreshments
- Sign-in
- Nametags

Welcome **(2–3 minutes)** **(school leader in charge of facilitating this initiative)**

- Introduce yourself.
- Describe the purpose of the meeting.
- Thank those attending for their interest.
- Introduce the superintendent.

Opening remarks **(5–7 minutes)** **(superintendent)**

Using visuals (handouts or transparencies 1-9 and the script in Appendix C):

- Explain why this initiative is being proposed.
- Describe the school district's commitment to collaboration with the community and to student health and well-being.
- Outline the potential envisioned and the results hoped for with the creation of a Council.
- Express appreciation for their attendance, interest, and commitment to helping improve our schools and community.
- Ask attendees for their support of this partnership.

Introductions **(Estimate: 15 minutes, variable)** All

- Ask those attending to introduce themselves, identify who they represent, and explain what motivated them to attend.

Overview of community-school health advisory councils **(10 minutes)** **(school, health-care or other community leader)**

- Summarize What are they?
  What do they do?
  Who can be a member?
  Why should we form a Council?

(Use visuals (handouts or transparencies) 9-14 and the script in Appendix C. Build in comments made during the introductions as appropriate)

What can a Council do for parents? **(5 minutes)** **(PTO representative)**

What can a Council do for our community? **(5 minutes)** **(community leader)**

What are we asking you to do? **(5 minutes)** **(school leader)**

Feedback **(15 minutes)** **(school leader)**

- Ask participants
- Ask for volunteers to share some of their responses.

Next Steps **(10 minutes)** **(school leader)**

- Ask participants what additional information they need.
- Ask participants whether to establish a local Council.
- If the group decides to establish a Council, set the next meeting date, time, and location. Indicate that the next step recommended in establishing a Council is the development of a vision statement. Ask for agreement on that task as the purpose of the next meeting.
- Ask for volunteers to help plan and lead the next meeting. Ask volunteers to stay a few minutes after the meeting to set a date, time, and place for a planning committee meeting.
- Ask for the names, addresses, and phone numbers of others who should be invited to the next meeting.
- Remind participants that their active involvement is important. Encourage them to invite others to the next meeting.

Adjournment **(2 minutes)** **(superintendent)**

- Thank participants again for their attendance and input.

Meeting Agenda for the Organizational Meeting

Promoting Healthy Youth and Healthy Schools
(date, time, and location)

Goal: Explore the possibility of creating a Community-School Health Advisory Council for **(your community)** ***to promote school health efforts.***

Sign-in, refreshments, and get acquainted	**All**
Welcome	**(school leader)**
Opening remarks	**(superintendent)**
Introductions *(Your name, who you represent, and why you chose to attend this meeting)*	**All**
Overview of community-school health advisory councils What are they? What do they do? Who can be a member? Why should we form a Council?	**(school leader)**
What can a Council do for parents?	**(PTO representative)**
What can a Council do for our community?	**(community leader)**
What are we asking you to do?	**(school leader)**
Feedback *Tell us what you think:* What three points would you like to make? What have you heard that squares with your beliefs? What one step are you going to take as a result of attending this meeting?	**(school leader)**
Next Steps What more information do you need? What should we do about establishing a Council?	**(school leader)**
Adjournment	**(superintendent)**

Creating a Vision and Building Ownership

IN THIS STEP:

- Plan the next meeting to create a vision.
- Establish ground rules for operating the Council.
- Develop a vision for your Community-School Health Advisory Council.

WHY IS VISIONING IMPORTANT?

In Step 1, a group of interested community members, parents, youth, and educators met to learn more about comprehensive school health. If they decided school health is a priority for your school and community, begin Step 2. You will create a vision that describes the future Council members desire for children's and families' health in your community.

How you and other Council members want your school and community to look in the future is your *vision*. What you propose to do to make that vision happen is the Council's *action plan*. The plan that bridges the gap between where you are and where you want to be is the map for the day-to-day work of the Council.

By creating a vision statement, Council members take their first step in providing leadership for change in your school and community. The vision defines the Council's desires and commitments for school health. It expresses why community members have come together and why others should join the effort. Drafting, discussing, and agreeing on a vision assures that the community will understand and support the Council's work.

PLAN THE NEXT MEETING TO CREATE A VISION

To begin, become familiar with the materials in this step that are recommended for conducting the second meeting. Make copies of these materials for those who are helping you plan the next meeting. Add any visioning resources you have that might help you with the meeting.

Plan the second meeting with the two or three people who volunteered at the first meeting. They will help you plan the agenda for the second Council meeting and work to make that meeting a success.

Because the goal of the second Council meeting is to agree on a vision, it is critical that a person with strong group facilitation skills help conduct the meeting. You may wish to recruit someone specifically to facilitate. Local school districts, city governments, or larger businesses may have staff who can help. The facilitator will need to summarize work done by individuals or small groups and lead the overall group

> *Vision ... an idea or dream whose pursuit will provide a mission and rallying point for . . . activity. A shared community vision ... will provide the necessary direction for strategic planning actions and enhance the effectiveness of ... programs.*
>
> *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools*

toward agreement. Ideally, Council members will leave the meeting with a draft vision statement.

Reserve a meeting room that allows for small groups to work. Find either several rooms or one room large enough for several small groups to work in without disturbing each other. Because members will write on flip charts and worksheets during the meeting, be sure table space is available.

Invite to the second meeting all who expressed an interest in the Council. Mail a copy of the meeting agenda and minutes from the organizational meeting with the letter stating the meeting date, time, location, and purpose (see pages 2-7 and 2-9 for sample letter and agenda). Mail the materials to those who attended the organizational meeting and those who could not attend but asked to remain on your mailing list. For names and addresses, refer to the returned response from the organizational meeting and the sign-in sheet you used to record attendance. Also invite others who were identified or recommended by those who attended the first meeting. Publicize the meeting in local papers, PTA newsletters, etc.

Arrange for a healthy snack. Copy the meeting agenda and other needed resources. Gather supplies. Follow up with other committee members as needed to ensure that all meeting arrangements have been completed.

Checklist for planning the visioning meeting

- ☐ *Meet with two or three volunteers to plan the meeting.*
- ☐ *Reserve the meeting space.*
- ☐ *Send out letters of invitation, minutes, and agenda 10 to 14 days in advance.*
- ☐ *Arrange for healthy snacks.*
- ☐ *Copy transparencies and other handouts, including extra copies of the meeting agenda.*
- ☐ *Gather supplies (for example, paper, pencils, newsprint, tape, markers, a sign-in sheet).*
- ☐ *Obtain an overhead projector and flip chart.*
- ☐ *Find a Council member to take meeting minutes.*
- ☐ *Follow up with those who helped plan the meeting to confirm arrangements.*

ESTABLISH GROUND RULES FOR OPERATING THE COUNCIL

At the beginning of the second meeting, help the group agree on the ground rules that members will follow during Council meetings. The following process will take about 15 to 20 minutes.

1. Ask members to jot down short answers for each of these questions. Allow about one minute for each question. Write the questions on an overhead transparency or newsprint.
   - How do you want to be treated when you share your thoughts and opinions?
   - How should we treat others when their ideas are shared?
   - How can we make our time together meaningful and productive for everyone?
   - What basic ground rules can we agree to follow as a group?

2. Review members' responses to the first three questions. For each question, ask for a few volunteers to share their answers. Not all Council members need to share their responses to every question. Involve as many members as possible.

3. Ask members to summarize what they have heard by suggesting a ground rule for the group's consideration. If there is agreement on the ground rule, write it on a blank transparency or flip chart.

Use the ground rules to conduct this and other Council meetings. Post the ground rules on the wall during all meetings.

DEVELOP A VISION FOR YOUR COMMUNITY-SCHOOL HEALTH ADVISORY COUNCIL

The facilitator will need about 1½ to 2 hours to help the group create a vision statement. He or she will guide the group through a process of

- identifying the need for a vision,
- reflecting on a vision for the school and community health,
- discussing possible visions for the future, and
- formulating a vision statement for the Council.

Identify the need for a vision

The facilitator uses the transparency *Where We Want To Be* (on page 2-11) to describe the need for a vision, and the transparency *A Vision...* (on page 2-13) to describe the characteristics of a vision.

Reflect on a vision for the school and community health

Distribute the worksheet *Creating A Vision for Our Community and Schools* (page 2-15) to the members. Explain that their responses to these questions will provide the framework for creating the Council's vision statement. Give members 10 to 15 minutes to complete the worksheet. Spend 20 to 30 minutes reviewing responses by asking volunteers to share their answers. Summarize the excitement, hope, energy, determination, strengths, etc., that you heard in members' responses. Explain how these assets can be used to create the vision.

Discuss possible visions for the future

Depending on the size of the group, divide the Council into small groups of three to five people. Ask each group to choose a recorder and spokesperson. Distribute the worksheet *Our Vision of the Future* (page 2-17), and let the small groups go to their work areas. Ask each group to begin to develop a vision statement by completing the tasks listed on the worksheet *Our Vision of the Future*. Explain that they have about 20 minutes before they will be asked to come back to the large group and share their results. Provide newsprint, tape, and markers, or provide the

> *"Successful collaboration requires that everyone in the group contributes to and develops a stake in the process. Ground rules insure that partners use time wisely, share leadership, and head in the same direction."*
>
> *Together We Can*

worksheet as a transparency for groups to write on. Ask the groups to record each answer on a separate sheet of newsprint. It may help build a cohesive group to encourage people to discuss why the things they emphasized in their vision are important to them.

Formulate the vision statement for the Council

The facilitator should reassemble the Council after 20 to 30 minutes. Give each group about five minutes to report. Ask the spokesperson to present first and then allow other small-group members to add comments.

The facilitator should summarize the comments and ask the entire group to agree on the major points presented by the small groups. Identify common words and phrases, and strive to reach consensus on what should be included in the vision statement. The words, phrases, and ideas that emerge from this discussion become the foundation for creating a shared vision and purpose.

Tell the group it is five years from today and they created the healthy youth and school they wanted to create. It is the group's job—as a team—to describe it as if they see it around them. Consider each question one at a time to gain an ever-clearer picture of the group's vision.

- What reputation would our efforts have?
- What contributions would we have made?
- What changes would we see in the school and community
- Who would be our clients or customers?
- How will people work together?
- How will people handle the good and bad times?

The vision statement needs to be brief and easy to remember. It should not be longer than one to three simple sentences. Consider writing the vision as a four-part statement:

"Our children will...."
"Our families will...."
"Our schools will...."
"Our community will...."

(If additional time is needed to refine the statement, ask volunteers to complete it later.)

After the meeting, send the vision statement to Council members for their review within two weeks. Final agreement on the vision statement will be the first agenda item of the next Council meeting. Once consensus is reached, the vision statement should be publicized widely in the community. Celebrate this achievement.

■

Sample vision statements

"The healthy child of today ensures the development of a lifelong learner who is the productive adult citizen and parent of tomorrow."

American Cancer Society

"Every child, throughout their school career, will come to school healthy and ready to learn each day."

Adapted from Healthy People 2000

"Our school will be free of drugs and violence, and will offer a disciplined environment conducive to learning."

Adapted from Healthy People 2000

Check Your Progress on Step 2

1. How many people attended the second Council meeting and contributed to the development of the Council's vision? _____
2. Was a vision statement developed?
   ___ Yes ___ No ___ A draft was developed
3. What went well during the vision meeting?
4. What do you want to do differently at the next Council meeting?

Next steps:

1. Prepare written minutes of the second Council meeting. Mail the minutes of the second Council meeting, a list of those attending the meeting, and the agenda for the third meeting to Council members.
2. If additional work is needed on the vision statement, bring together the Council members who volunteered to complete this task. Mail the results of their work to all Council members. Ask the Council to approve the vision statement at its next meeting.
3. What is the date, time, location, and purpose of the next meeting?

   Date ______________________________

   Time ______________________________

   Place ______________________________

   Purpose: To begin work on an action plan to attain the vision.
4. Meet with the Council members who volunteered to plan and lead the third Council meeting.

   Name ____________________ Phone ____________________

   Name ____________________ Phone ____________________

   Name ____________________ Phone ____________________

Meeting Agenda for the Vision Meeting

(date, time, location)

Goal: Develop a vision for our Community-School Health Advisory Council

Sign-in, refreshments and get acquainted	
Welcome and introductions (Members.' names, who they represent, and what they like best (and least) about living in the community)	**(leader and Council members)**
Opening remarks Establishing ground rules for Council meetings	**(leader)**
Creating our vision Deciding where we want to go Characteristics of a vision Large and small group work	**(facilitator)**
Next steps Next meeting date, time, location, and purpose Volunteers needed to help plan and lead the next meting Reminder of any commitments made by Council members	**(leader)**
Adjournment (2 minutes)	**(leader)**

Letter of Invitation

(Place on school district letterhead)

<<date>>

<<name>>
<<title/agency>>
<<address>>
<<city/state/zip>>

Dear **<<Title, Name>>:**

Those attending the organizational meeting of the Community-School Health Advisory Council last week expressed overwhelming support for its creation. A meeting to define the vision and thus the future work of the Council will take place **(day, date, time, and location).**

We hope you will be able to attend this important meeting. The vision we create for the Council will determine the focus of our work. Our vision will express what we want our schools and community to look like in the future. Your participation is critical in creating a map for improvements that will lead to the kind of future **(your community)** residents desire. Your involvement can help us reach our destination as a health-promoting community.

By creating a strong vision of what we want for ourselves and our children, we can plan Council activities that will help us achieve that goal. If you know of others who might be interested in helping us create this communitywide vision, please share this information with them and invite them to attend the meeting with you. We look forward to seeing you at the meeting.

Please let us know if you plan to attend this important meeting by calling **<phone number>** or sending an e-mail message to **<email address>**. Thank you for your interest and support.

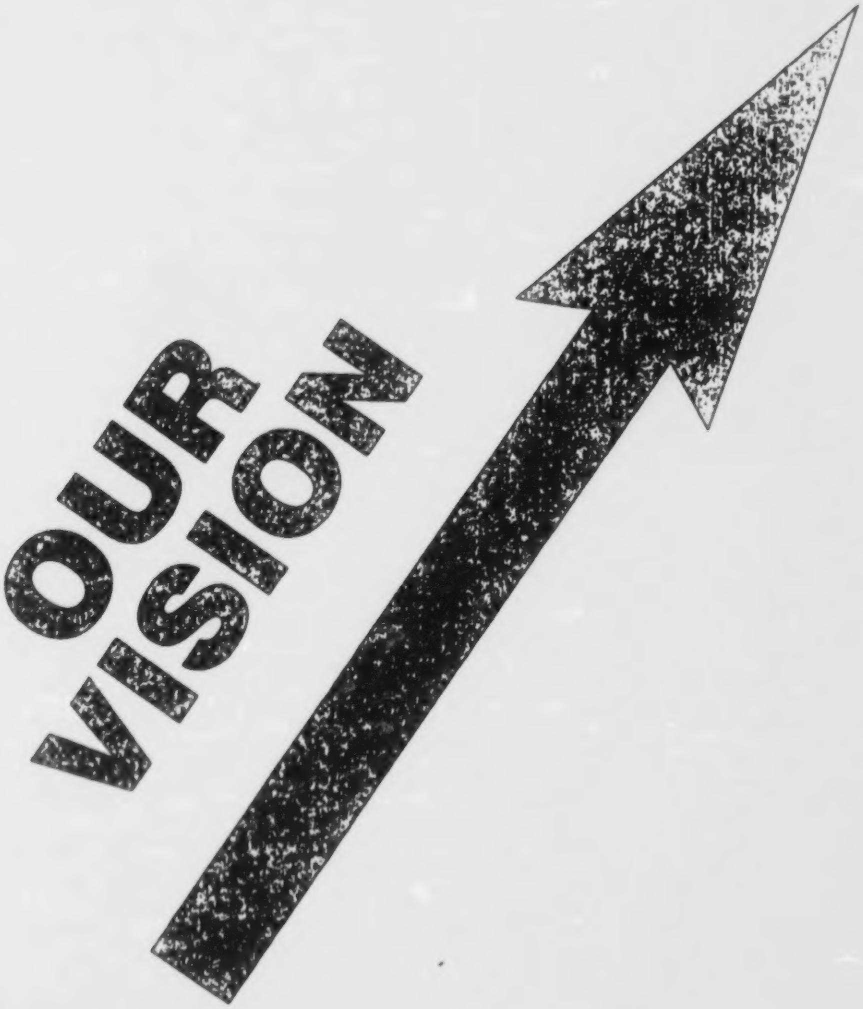
Sincerely,

BEST COPY AVAILABLE

(superintendent) **(school leader)**

NOTE: Include a *Response Form* with this letter (see Step 1, page 1-13).

Where we want to be



Where we are

A Vision....

- Organizes and unites us around a common purpose.
- Expresses what we want our future to be.
- Is personal as well as group centered.
- Asks for our best to make our desired future real.
- Expresses "what could be" when we use our talents and strengths.
- Represents a leap of faith and inspires us to shape our destiny.
- Communicates confidence in our ability to get the job done.
- Guides our actions and attracts others to our cause.
- Uplifts, compels, challenges, and inspires. Comes from our hearts, and appeals to our spirit.

Adapted from *Thriving on Chaos: Handbook for Management Revolution*, by Thomas J. Peters (New York: Knopf, 1987) and *Making the Grade: Community Workbook* (Washington, DC: The National Collaboration for Youth).

Creating a Vision for Our Community and Schools

1. What three things do you like best about our schools?
2. If you could change one thing about our schools, what would it be?
3. What worries you most about your children (or the children of our community) and their lives now?
4. What is one wish that you have for your children (or the children of our community)?
5. What could the schools do to make this community a better place to live?
6. What could our community do to make this community a better place to live?
7. What could families do to make this community a better place to live?
8. What could this Council do to make this community a better place to live?

Adapted from *Step by Step to Comprehensive School Health: The Program Planning Guide* by William M. Kane (Santa Cruz, CA: ETR Associates, 1993) 65–68.

Our Vision of the Future

Task 1. Write three sentences that express your aspirations (hopes) for the children, youth, and families living in our community.

1.

2.

3.

Task 2. Write four sentences that describe the role of schools, families, our community, and this Council in helping children and youth grow up healthy, safe, and happy.

1.

2.

3.

4.

Adapted from *Step by Step to Comprehensive School Health: The Program Planning Guide* by William M. Kane (Santa Cruz, Calif.: ETR Associates, 1993) 65–68.

Developing an Action Plan

IN THIS STEP:

- Plan the next meeting on writing an action plan.
- Confirm the vision of the Council.
- Describe the relationship of change and planning.
- Write an action plan for your Community-School Health Advisory Council.

Those who achieve success are those who take a dream and make it come true.

Anonymous

Entre el dicho y el hecho hay un gran drecho. (Between the saying and the doing there is a long stretch.)

Irma Castro, New Beginnings

WHY PLANNING IS IMPORTANT

Three ingredients make up a successful Community-School Health Advisory Council:

- a vision of what the partners want to accomplish,
- a commitment to work together to achieve that vision, and
- a plan of action describing responsibilities, resources, and deadlines.

In your last meeting you created a vision to guide the Council's work. In this meeting you will develop an action plan to help you attain that vision. Too often in our haste to "do something," we fail to spend enough time planning. Shortchanging the planning process can sabotage your Council's effectiveness down the road. Planning means taking a look at the big picture, setting priorities, and initiating rather than reacting.

An action plan provides a written framework of the changes desired in your community and how the Council hopes to achieve them. Because people support what they help create good planning involves all members in the development of the Council's action plan.

At the end of the third meeting your group should have started writing an action plan that holds Council members accountable to the commitments they made. The plan also provides a way to track progress in keeping with the Council's vision.

PLAN THE NEXT MEETING ON WRITING AN ACTION PLAN

To begin, review the materials in this step recommended for helping the Council create an action plan. Share copies of these materials with the two or three members from the Council who volunteered to help you plan the next meeting. Add any resources on planning that might help you with the meeting.

Checklist for planning the action planning meeting

- ☐ *Meet with two or three volunteers from the Council to plan the meeting.*
- ☐ *Reserve the meeting space.*
- ☐ *Send out letters of invitation, minutes, and agenda 10 to 14 days in advance.*
- ☐ *Arrange for healthy snacks.*
- ☐ *Copy transparencies and other handouts including extra copies of the meeting agenda.*
- ☐ *Gather supplies (for example, paper, pencils, newsprint, tape, markers, a sign-in sheet).*
- ☐ *Obtain an overhead projector and flipchart.*
- ☐ *Find a Council member to take meeting minutes.*
- ☐ *Follow up with those who helped plan the meeting to confirm arrangements.*

The goal of the third Council meeting is to write an action plan. You may want to find an expert facilitator to conduct the meeting, but a member of the Council may fill this role. The facilitator needs to sum up work done by individuals or small groups and guide the group in priority setting. Ideally the group should have at least a draft of an action plan at the end of the meeting. Small subgroups may need to meet before your next meeting to refine objectives, action steps, and evaluation methods.

Creating an action plan is as intense a task as creating a vision. Therefore, you may want to plan the third Council meeting around a meal or divide the meeting over two evenings. Reserve a meeting room that allows small groups to work. Members will be writing on worksheets during the meeting and will need table space.

Invite Council members to the third meeting. Mail a copy of the meeting agenda and minutes from the visioning meeting with the letter stating the meeting date, time, location, and purpose (pages 3-7 and 3-9). Mail the materials to those who have attended either of the two previous Council meetings, and those who could not attend but asked to remain on your mailing list. Refer to the Council's membership list for names and addresses. Publicize meeting in local papers, PTA newsletters, etc.

CONFIRM THE VISION OF THE COUNCIL

At the beginning of the meeting, remind members of the ground rules for Council meetings and review the vision statement developed by the Council. If needed, ask for Council approval. Ask these questions to help the Council come to agreement on the vision statement:

- What, for you, are the key words in this vision statement?
- How did you first feel at the moment when you read the vision?
- How do you feel about it now?
- Do you feel like you could "own" it?
- If not, how would it have to change for you to feel a sense of ownership for it?
- How does it strike your sense of meaning and purpose?
- How would it have to change to be meaningful for you?

Post the ground rules and vision on the wall at every Council meeting. They will set the tone of the meeting and remind all members of the purpose of their work.

DESCRIBE THE RELATIONSHIP OF CHANGE AND PLANNING

Individuals and groups have a greater opportunity to create change that affects a large number of people when they join others with the same interests. Your Council represents a group that has organized itself around a shared vision to create change in your community. Although the risk and commitment in time, energy, and resources are greater when people work together, so are the rewards.

Use the transparency *A Process for Change* (page vi) to illustrate one way the change process has been described. Explain that your Council has moved through Step 2 with the development of your vision statement and that you are now ready for Step 3. The plan your Council creates will determine what action you take in Step 4 and will be the basis for evaluating the Council's progress in achieving its vision. The results of Step 4 will help Council members decide whether the Council should continue and move into Step 5.

Use the transparency *What's Needed for Change to Occur* (page 3-11) to describe the ingredients needed for change and what happens when an ingredient is missing. The action plan will help identify the skills and resources Council members will need to implement the plan. The incentives represent the benefits that members receive from their participation in the Council.

WRITE AN ACTION PLAN FOR YOUR COMMUNITY-SCHOOL HEALTH ADVISORY COUNCIL

The facilitator will need about two hours to help the group develop an action plan. He or she will guide the group through a process of

- brainstorming about the desired changes in school and community health,
- prioritizing desired changes,
- evaluating priorities, and
- writing an action plan for the top priorities.

Brainstorm about the desired changes in school and community health

This step will take about 30 to 45 minutes to complete, and can be done in one large or several smaller work groups depending on the number present. Given the information on change, brainstorm to identify what changes Council members would most like to see in their community. Use the information sheet *Tips for Brainstorming* (page 3-13 to explain the brainstorming process to Council members. If your group is having a difficult time identifying potential action steps, give members the information sheet *What Can We Do?* (page 3-15) to stimulate their thinking.

Record the desired changes on newsprint. After all ideas have been shared and clarified, combine ideas that are similar (with permission from the contributors). Discuss how the changes identified would help the Council achieve its vision.

Prioritize desired changes

Although Council members may feel inspired by the discussion to "take on the world," they should decide realistically how much they will undertake. Setting priorities will help Council members balance their family, work, and personal obligations with their commitment to the Council.

Have the Council choose its top five priorities from the list produced during the brainstorming. Use consensus if possible. If consensus is not possible, vote by asking members to assign points to their choices as follows:

1st ranking = 5 points
2nd ranking = 4 points
3rd ranking = 3 points
4th ranking = 2 points
5th ranking = 1 point

Get members out of their seats by asking them to write their point assignments on the newsprint by the five priorities of their choice. Total the scores for each idea. While the scores are being totaled and ranked, provide a meal or refreshment break.

Note: You could stop here and continue the agenda at the next meeting.

Evaluate priorities

Compare each of the top five priorities to the criteria found on the worksheet E*valuating Priorities* (page 3-17). This step allows the Council to quickly evaluate each priority's potential for success. Results may suggest a reordering of priorities. This step can generate a great deal of discussion among the group's members. The facilitator needs to judge how much time to allow for this discussion and when it is time to move on to writing the action plan.

Write an action plan for the top priorities

Use the worksheet *Action Planning Guide* (page 3-19) to create an action plan for the highest ranked priority. The Council may choose to design action plans for each of the top priorities depending on the number of Council members, their willingness to tackle several issues at once, and the resources available to the Council. *It is important to take on something that is achievable, has broad support, and will help establish the Council as a vital force in the community.* Use the worksheet to outline the actions the Council will take to achieve each priority.

If more time is needed to complete action planning, ask for volunteers to complete the work. A draft action plan should be provided to all Council members for their review within two weeks. Final agreement on the action plan should be the first agenda item of the next Council meeting. Once consensus is reached, the action plan should be widely publicized in the community. Celebrate this achievement.

A good action plan includes

- *what is to be accomplished,*
- *activities planned to create the desired result,*
- *who will be responsible for each activity,*
- *when each activity will be completed,*
- *what resources are needed, and*
- *how success will be judged.*

Check Your Progress on Step 3

1. How many people attended the third Council meeting and contributed to the development of the Council's action plan? __________

2. Was an action plan developed?
   Yes __________ No __________ A tentative plan was developed __________

3. What went well during the action planning meeting?
   ____
   ____
   ____

4. What do you want to do differently at the next Council meeting?
   ____
   ____
   ____

Next steps:

1. Prepare written minutes of the third Council meeting. Mail the minutes of the third Council meeting, a list of those attending the meeting, and the agenda for the next meeting to Council members.

2. If additional work is needed on the action plan, bring together the Council members who volunteered to complete this task. Mail the results of their work to all Council members within two weeks. Ask the Council to approve the action plan at its next meeting.

3. What is the date, time, location, and purpose of the next meeting?

   Date ____
   Time ____
   Place ____

   Purpose: To complete work on the action plan and identify implementation steps.

4. Meet with Council members who volunteered to plan and lead the next Council meeting.

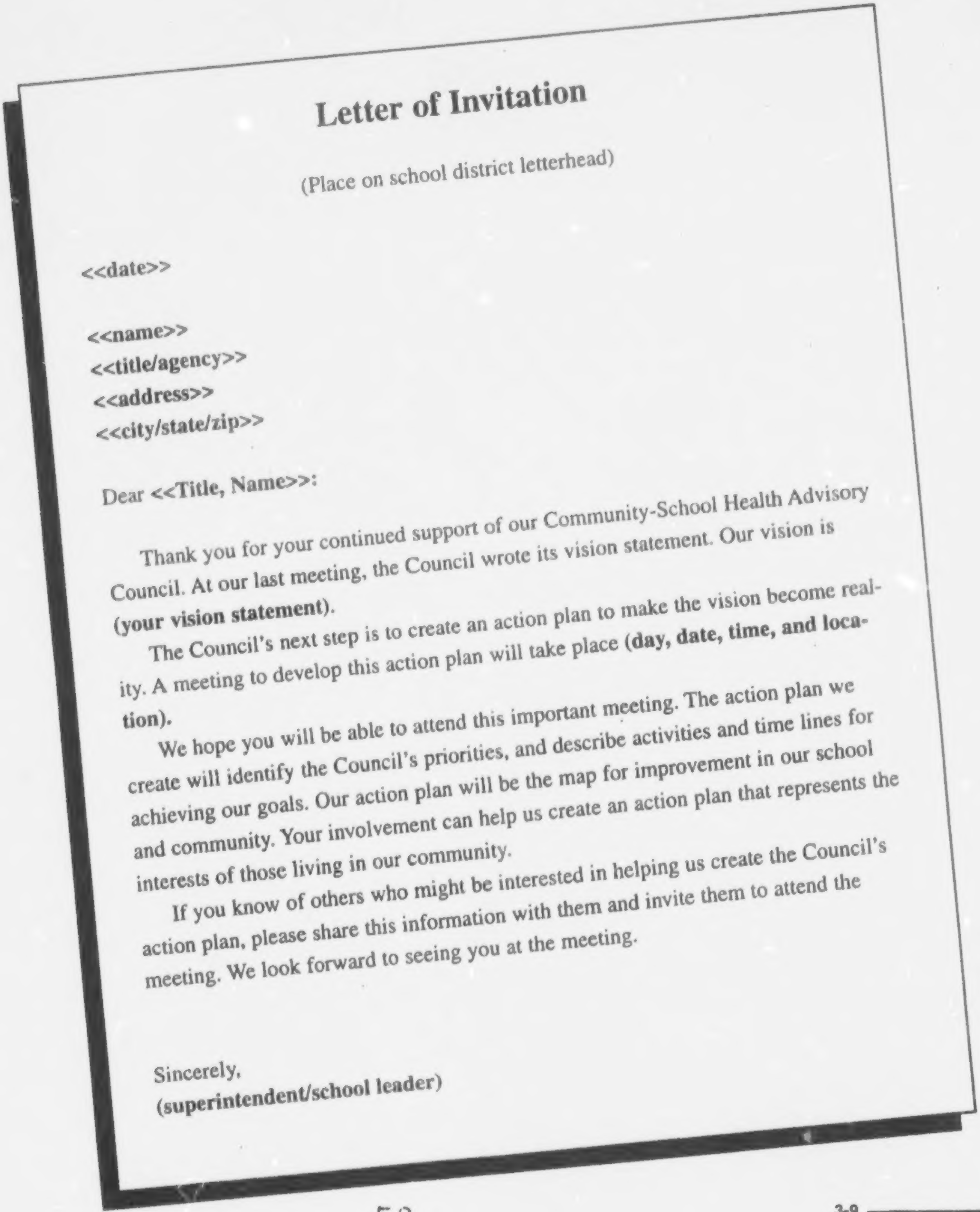
   Name ______________________ Phone ______________________
   Name ______________________ Phone ______________________
   Name ______________________ Phone ______________________

Meeting Agenda for the Action Planning Meeting

(date, time, location)

Goal: Develop an action plan for our Community-School Health Advisory Council

Sign-in, refreshments, and get acquainted	
Welcome and introductions (Members' names, who they represent, and one thing they would like to see happen as a result of their involvement in the Council)	**(leader and Council members)**
Opening remarks Review ground rules Confirm vision statement for the Council	**(leader)**
Creating our action plan A process for change—What's needed for change to occur? Group work Brainstorming ideas Setting priorities Creating an action plan	**(facilitator)**
Next steps Next meeting date, time, location, and purpose Volunteers needed to help plan and lead next meeting	**(leader)**
Adjournment	**(leader)**



Letter of Invitation

(Place on school district letterhead)

<<date>>

<<name>>
<<title/agency>>
<<address>>
<<city/state/zip>>

Dear **<<Title, Name>>:**

Thank you for your continued support of our Community-School Health Advisory Council. At our last meeting, the Council wrote its vision statement. Our vision is **(your vision statement)**.

The Council's next step is to create an action plan to make the vision become reality. A meeting to develop this action plan will take place **(day, date, time, and location).**

We hope you will be able to attend this important meeting. The action plan we create will identify the Council's priorities, and describe activities and time lines for achieving our goals. Our action plan will be the map for improvement in our school and community. Your involvement can help us create an action plan that represents the interests of those living in our community.

If you know of others who might be interested in helping us create the Council's action plan, please share this information with them and invite them to attend the meeting. We look forward to seeing you at the meeting.

Sincerely,
(superintendent/school leader)

What's Needed for Change to Occur?

Vision	**Skills**	**Incentives**	**Resources**	**Action Plan**	=	**Change**

What Happens When Pieces Are Missing?

	Skills	**Incentives**	**Resources**	**Action Plan**	=	**Confusion**
Vision		**Incentives**	**Resources**	**Action Plan**	=	**Anxiety**
Vision	**Skills**		**Resources**	**Action Plan**	=	**Slow Change**
Vision	**Skills**	**Incentives**		**Action Plan**	=	**Frustration**
Vision	**Skills**	**Incentives**	**Resources**		=	**False Starts**

Adapted from *Health is Academic: A Guide to Coordinated School Health Programs* by Eva Marx, Susan Frelick Wooley, and Daphne Northrop (New York: Teachers College Press, 1998) 264.

Tips for Brainstorming

"The best way to get good ideas is to have lots of ideas."

Brainstorming is an idea-generating technique useful for

- generating many ideas in a short time;
- encouraging creative, spontaneous thinking;
- helping people temporarily suspend judgment; and
- expanding or piggy-backing on ideas.

Procedure

1. Identify a question or topic for discussion.

2. If more than 10 participants, divide into smaller groups.

3. Ask each group to select a recorder and a spokesperson.

4. Explain the purpose and rules of brainstorming:
   - Quantity is the goal. More ideas mean better planning results.
   - Reserve judgment. Do not criticize. Evaluation comes later.
   - Be creative. Wild ideas are great because they stimulate even wilder possibilities. It is easier to tame what may seem like an impossible idea than to think up new ideas.
   - Combine and improve ideas. Expand, consolidate, create analogies, make the issues bigger and smaller.

5. Brainstorm responses to the question. The recorder lists all ideas on newsprint. If the group has been divided into smaller groups, give a two-minute warning before calling time. Ask the group to share its list.

Adapted from *Take Charge: Economic Development in Small Communities* (North Central Regional Center for Rural Development, January 1990) 163.

What Can We Do? Suggested Action Steps for a CSHAC

These examples do not include all possible actions that a CSHAC might take. They may prompt ideas for programs and services for students, their families, and school staff. Activities are based on the eight-part model discussed in the Introduction. The activities your Council selects depend upon local community needs and available resources.

1. To support planned, *sequential health education*...
   - Invite speakers from community-based agencies (e.g., American Heart Association, National Dairy Council, American Cancer Society, Department of Public Health).
   - Participate in districtwide events (e.g., Great American Smokeout, Red Ribbon Week, World AIDS Day).
   - Promote student participation in health-related service learning opportunities (e.g., volunteering at community health agencies or youth-serving organizations, participating in SAFE KIDS coalitions).
   - Sponsor after-school health-related activities and clubs that offer positive alternatives to substance use and gang involvement.

2. To supplement *physical education* classes that promote lifelong physical activity...
   - Provide opportunities before, during, or after school hours for fitness activities, intramural programs, and interscholastic sports programs.
   - Encourage student and family participation in events that promote physical activity such as Jump Rope for Heart or walk-a-thons.
   - Develop partnerships with health clubs to expand the facilities available to students and staff.

3. To enhance *school health services* that offer preventive services, education, emergency care, and management of health conditions...
   - Host a health fair that offers cholesterol and diabetes screening, health risk appraisals, and health counseling.
   - Arrange for school or public health nurses to provide immunizations and testing to students and staff (e.g., hepatitis B, tuberculosis, blood pressure, cholesterol).
   - Strengthen links to community providers for referrals and case management.

4. To promote a *healthy school environment* for teaching and learning...
   - Encourage the school district to form policies that address use of tobacco, alcohol, and other drugs; students and staff with HIV infection; and sexual harassment.
   - Promote the creation of safe school teams, crisis response teams, injury prevention programs, or universal precautions awareness sessions.

5. To supplement the *counseling, psychological, and social services...*
   - Offer peer helper programs, and individual and group counseling sessions for students and families.
   - Sponsor training for all school staff on recognizing and reporting child abuse and identifying students at risk for suicide, substance use, and other health-risk behaviors.
   - Offer students opportunities to discuss health-related issues.
   - Provide student assistance programs.
   - Develop formal agreements with community-based agencies to provide counseling services to students and their families.

6. To offer a full range of *school-site health promotion for staff programs...*
   - Arrange for on-site health assessments, stress management and fitness activities, and health-related support services to school employees.
   - Provide awareness activities on good nutrition, fitness, or weight control.
   - Encourage some staff in every school to take training in first aid and CPR techniques.
   - Offer before- or after-school fitness, weight control, and aerobic programs for staff.
   - Provide employee assistance programs.

7. In addition to providing nutritionally balanced breakfasts and lunches, *school nutrition services* serve as learning laboratories that support classroom nutrition education...
   - Examine menus for salt, fat, sugar, and fiber content in health education classes.
   - Participate in the TEAM nutrition project.
   - Examine policies related to children with special health needs who require modified school meals.
   - Limit vending machine selections to healthy foods.
   - Offer salad bars and low-fat, low-salt, and low-cholesterol meals as part of the school lunch program.

8. To address the diverse needs of students and their families, maximize resources, and ensure that health messages are consistent in schools, at home, within the peer group, and in the community, *involve students' families and other members of the community...*
   - Start a school-based health advisory group.
   - Join other community coalitions addressing health issues.
   - Offer parents and other caregivers opportunities to participate in health fairs.
   - Work with community agencies to provide additional health activities for students and their families (such as ropes courses, wilderness trips, sailing trips; facilitated support groups).

Adapted from *Health is Academic: A Guide to Coordinated School Health Programs* by Eva Marx, Susan Frelick Wooley, and Daphne Northrop (New York: Teachers College Press, 1998) 28-29.

Evaluating Priorities

Use one or two words to summarize each top priority and write them in the spaces by the letters A-E. Then for each priority rate the nine factors on a scale of 1 to 10, with 1 being the lowest and 10 being the highest.

Factors	**Top 5 priorities**				
Part I.	A. ______	B. ______	C. ______	D.______	E.______
1. How many people will be affected?	______	______	______	______	______
2. How big an issue is it in the community?	______	______	______	______	______
3. Is the school ready to take on this issue?	______	______	______	______	______
4. Is the community ready to support it?	______	______	______	______	______
5. Is the community aware of this need?	______	______	______	______	______
6. Are there potential strategies that can affect it?	______	______	______	______	______
7. Are these strategies easy to implement?	______	______	______	______	______
8. How much will it add to the staff workload?	______	______	______	______	______
9. Do we have or can we get the resources to address it?	______	______	______	______	______
Total score	______	______	______	______	______

Part II. After rating the five priorities, consider these additional factors before selecting the priority or priorities for work.

	Priorities				
	A.	B.	C.	D.	E.
What are the costs of action?					
What are the costs of inaction?					
How much time is needed to carry it out?					
How long will be it before we see tangible results?					

Action Planning Guide

Complete this form for each of the selected priorities. This may be done as a total group or in smaller groups.

Priority ____________________

Start Date ____________________

Change desired ____________________

____

Completed ____________________ (month/year)

Key activities	Person responsible	Completion date	Resources needed to ensure achievement	How will success be measured?

Adapted from *Moving to the Future: Developing Community-Based Nutrition Services (Workbook & Training Manual)* by Karen L. Probert (Washington, DC: Association of State and Territorial Public Health Nutrition Directors, 1997) 76.

Taking Action and Getting Results

IN THIS STEP:

- Design a structure for the Council's work.
- Create a plan for marketing your Council's efforts.
- Deal with conflict.

Your Community-School Health Advisory Council has created a vision and an action plan. Your group knows what specific actions it wants to take, by when, and with whom. You also know who on your Council is responsible for completing the action steps. Now comes the fun part—implementing your action plan!

Steps 1 through 3 of this Guide provided sample agendas, letters of invitation, and instructions for you to conduct Council meetings. Hopefully they helped you plan and conduct meetings. Now, you will need to conduct regular Council meetings that fit your unique situation. The last two steps of this Guide do not provide these types of samples, but the tools in the first three steps remain to help you plan and conduct future meetings.

Step 4 contains practical tools and valuable information for implementing your action plan. Your Council may not need all the resources in this step. This step serves as a reminder of factors that are key to success when taking action, and it offers tools that can help you. Complete the checklist *Checking Your Council's Progress on Taking Action* to identify the steps that your Council would find most beneficial.

DESIGN A STRUCTURE FOR THE COUNCIL'S WORK

Your Council works best when members agree on a structure to efficiently carry out the Council's action plan. An organizational structure helps members see where they fit in the Council and what their responsibilities are. Once you complete your action plan, conduct a Council meeting to decide the organizational structure of the Council.
Be sure to review your vision statement, action plan, and the resources the Council needs to carry out the plan.

Continued on page 4-3

"The greatest thing in this world is not so much where we stand as in what direction we are moving."
Oliver Wendell Holmes

"Implementation will test the vision and commitment of even the strongest collaborations."
Together We Can

Checking Your Council's Progress on Taking Action

For each statement, circle "Yes" if it is true of your Council and circle "No" if it is not.

1. Yes No Regular monthly/bimonthly meetings occur with attendance by most members.

2. Yes No Established procedures for conducting business are in writing and understood by members.

3. Yes No A chairperson provides positive and productive leadership.

4. Yes No Members understand what is expected of them and willingly share responsibilities for carrying out the Council's action plan.

5. Yes No The Council has a strategy for communicating with the school and community about its vision and action plan.

6. Yes No Some Council members have good communication skills and knowledge of marketing.

7. Yes No Presentation materials about the Council's vision and action plan for improving school health are available for members to use.

8. Yes No The Council has assessed the community climate and identified potential areas of conflict.

9. Yes No Varied and opposing viewpoints are valued by the Council, and conflicts are resolved as they occur.

10. Yes No Meetings are conducted in a professional manner allowing all members to express opinions.

11. Yes No The importance of members' time is recognized by keeping meetings on schedule and focused on the agenda.

12. Yes No Members are asked for recommendations on improving the effectiveness of meetings.

What your responses mean:

If you answered "No" to questions 1, 2, 3, or 4, go to *Design a Structure for the Council's Work* (page 4-1).

If you answered "No" to questions 5, 6, or 7, go to *Create a Plan for Marketing Your Concil's Efforts* (page 4-3).

If you answered "No" to questions 8, 9, 10, 11, or 12, go to *Deal With Conflict* (page 4-4).

IDENTIFY POTENTIAL MEMBERS FOR THE COUNCIL

Identify by name individuals and groups in your community who are likely to be interested in serving on a local Community-School Health Advisory Council (see *Community-School Partners to Invite* on page 1-7). Membership should be as broad and diverse as possible, including students from the school district and parents. Locate potential members' correct job titles, phone numbers, mailing addresses, and e-mail addresses (if available) and write them on the planning form.

Include a cross-section of people from your community on your list. Leadership takes many forms. It comes from charisma, connections, expertise, fame and visibility, integrity and credibility, life experiences, persuasive ability, position, and resources. You will find it easier to recruit leaders in the more formal, "organized" segments of your community, but don't overlook other leaders.

Volunteer and informal leaders are more difficult to involve but they make up the majority of the community. Their participation is critical to your Council's success. Their unique life experiences offer a valuable source of expertise and will help balance the perspectives of other community members.

To help identify these informal leaders, ask community service providers to recommend potential Council members. Principals, counselors, and teachers also are good sources for the names of parents and students who might otherwise be overlooked.

ORGANIZE AND CONDUCT THE FIRST MEETING

The first meeting will take the most time to organize. Allow about three to four weeks between sending out invitations and holding the first meeting. For subsequent Council meetings, send out notices to everyone on the Council at least ten days before the meeting. The actual time you spend preparing will depend on your knowledge of the stakeholders in

The worksheet *Creating a Structure for Your Community-School Health Advisory Council* on page 4-7 of this step outlines a three-step process:

1. Decide what kinds of groups are needed to carry out the action plan.
2. Determine how flat the organizational structure will be. A flatter organization has fewer people managing the work and more people doing the work.
3. Members of the Council need to determine the roles of individuals, subgroups, the whole group, and staff in doing the work of the Council.

Create a structure that allows members to volunteer or be assigned roles that match their interests and strengths. Members who don't feel involved or needed tend to stop attending meetings. Sharing or rotating roles can help prevent burnout and ensure that Council members feel useful and valued.

Some councils prefer written bylaws that describe the operational procedures for carrying out the work of the Council. For suggestions on what to include in Council bylaws, read "How Do SHCs Carry Out Their Work?" on page 11 in *Improving School Health: A Guide To School Health Councils* (Appendix A).

One caution: Keep the structure of the Council flexible and adaptable to changing conditions in the school and community. Council members need to understand that the structure is temporary and applicable to the current circumstances and action plan. You may need to change the structure with the changing needs of the Council, school, and community.

CREATE A PLAN FOR MARKETING YOUR COUNCIL'S EFFORTS

Your Council's action plan proposes making schoolwide and perhaps communitywide changes to improve school health. To produce these changes, you must communicate your vision, goals, and plan well beyond the boundaries of your Council membership. You must convince a wide array of people about the importance of school health improvement and coordinated school health. You also need to provide a forum in which issues can be discussed and decisions made about how to improve health and learning.

Businesses use marketing techniques to promote their products and services to people who want and need them. Just like a business, your Council needs to promote its "product"—a vision and plan for improving school health—to those who will support and use it. This process of taking the Council's message to the community is called "social marketing."

Helpful resources for identifying potential Council members:

- *local phone and address directories,*
- *membership lists of other school advisory groups, and*
- *list of the communities served by your school district, their ZIP codes.*

Create a presentation on your action plan

Use the transparencies and script in Appendix C to tell the school and community your story. Supplement these transparencies with some you create that outline your Community-School Health Advisory Council's specific vision and action plans.

BEST COPY AVAILABLE

You need to tell your message to the community for three reasons:

1. increase public awareness of coordinated school health and the work of the Council;
2. to build legitimacy for your work; and
3. to build community support for your goals, objectives, and action plan.

Select a member or subgroup of the Council to be responsible for marketing your efforts to the community. This individual or committee can develop and make recommendations to the Council about how to handle marketing. Include people in this group who have experience using the media or conducting social marketing campaigns. It is helpful to have individuals with good communication skills—people who speak and write well. Ideally, your Council's marketing efforts will be led by people who have specific skills in advertising, public relations, and working with radio, television, and print media.

Use the worksheet *Building Social Marketing into your Community School Health Advisory Council* on page ## of this step to help your Council plan its marketing efforts. The worksheet contains eight steps for designing your social marketing plan and provides a basic understanding of social marketing. You can either complete this worksheet with all the members of the Council or ask a subgroup to complete the plan and share it with the entire Council.

"If you find a path with no obstacles, check to see if it leads anywhere."
Alan Joseph

DEAL WITH CONFLICT

Your Council naturally will encounter resistance to change as it carries out the action plan. The social marketing techniques suggested in *Building Social Marketing into your Community School Health Advisory Council* will overcome some resistance to change. However, concerns and objections may arise from outside your Council that should be addressed through a planned effort. The worksheet *Meeting Resistance to Change* on page 4-13 identifies the kinds of problems you may encounter. Review the potential problems and discuss approaches for addressing them early and proactively in a regular meeting of your Council.

The worksheet also suggests a process for resolving conflicts that arise within the school or community. Conduct a special meeting with those who object to aspects of your Council's action plan in order to adequately address concerns.

Your Council also may encounter problems working together.

Members come to the table with different values, histories, personalities, skills, and experiences. If these differences aren't acknowledged and appreciated, your Council will be limited in its ability to create change.

Your Council should expect and manage conflict as it occurs. The information sheet *Possible Sources of Conflict* on page 4-15 describes potential sources of conflict in a Council and suggestions for overcoming the conflict. Periodically, your Council should review this information during a regular meeting to determine how well it is doing. Again, it is important to be proactive by addressing problems early. However, if your Council continues to have problems working as a group, consider bringing in a trained facilitator to conduct team building activities.

Next steps:

1. Develop strategies for tracking your Council's progress toward achieving its vision.
2. Celebrate the Council's successes. Marvel at what "a small group of thoughtful committed people" working together can do to change their community.
3. Revitalize the Council's membership as needed to realize your Council's desired future for the school and community health.
4. Expand the vision and action plan for school health improvement.

Creating a Structure for your Community-School Health Advisory Council

Decide how to organize your Council to complete the action plan. Answer the following:

- What kind of team structure do we need to organize the work of the action plan?
- How important is it for all members of the Council to make decisions?
- Can some decisions be made by subgroups?
- How much will we need to communicate with one another?

1. **What kind of structure do we want to adopt?**

Table structure: All group members come to the table to make decisions. The Council believes that all members need to be involved in decision making. This approach works best for smaller groups with a narrower focus.

Wheel structure: Small groups form spokes of a wheel and and work independently. An executive committee at the center coordinates information and activities. The smaller groups may have little contact with each other except at occasional meetings. This approach works best for larger groups with complex action plans.

Combination of table and wheel structure: A Council whose primary approach is the table may have subgroups that make recommendations to the larger group. A group using the wheel approach may have their "spokes" use the table approach for decision making.

Label the structure your Council wants to adapt. Ask the group to discuss the advantages and disadvantages of each structure and reach consensus on the best structure for this group.

2. **Who will make decisions? How flat will our structure be?**

Hierarchical groups put one or two people in charge of members and subgroups. The leader(s) make sure that people follow through on their responsibilities. A pyramid best represents this group. Hierarchy makes coordination easier, but it is often more difficult to resolve conflicts. Groups that want a more grass roots approach may find this approach too top-down.

Individual-based groups give each member responsibility for a certain aspect of the work. The structure is flat and gives the greatest responsibility and freedom to individual members. Leadership is distributed to all members, and everyone feels involved, useful, and valued. This structure works well for smaller groups but takes time to develop. It also may be difficult to coordinate the group.

Group-centered councils delegate most works to teams, although some work may be done by individuals. The structure is flat and leadership is given to subgroups. Typically there is no leader for these subgroups. A problem sometimes develops with this approach because responsibilities may not be clearly assigned and some work missed.

Label the decision making structure of your Council. Identify one of the three approaches or combine them to create the decision-making structure for the Council. Ask the group to reach consensus on which approach to use.

3. **Who will assume the roles and responsibilities for carrying out the work of the Council?**

Write in the space provided the individuals, subgroups, the whole Council, or staff who will be responsible for each task.

Responsibility	**Name of Individual or Group**
Initiate meetings, including sending out notices and setting the agenda	
Set up meetings, choose the location, and provide refreshments	
Lead meetings, make sure that members are active participants	
Resolve conflicts and problems	
Record and distribute meeting minutes and other information	
Communicate information to members, media, and community	
Manage the day-to-day operations of the Council	
Monitor the Council's activities to achieve its vision and action plan	
Reward members	

Adapted from *Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey,* by Michael Winer and Karen Ray (St. Paul: Amherst H. Wilder Foundation) 78–79.

Building Social Marketing into Your Community-School Health Advisory Council

Here are eight steps to help your Council create and implement a social marketing plan.

1. Talk and listen to your customers.

The key to effective social marketing is listening to the people you are trying to reach through your action plan. Social marketing is a customer-driven process. All aspects of your program must be developed with the wants and needs of the target audience as the focus. To learn what your customers want, you must ask them!

Here are some inexpensive ways to learn more about your customers:

- Talk to teachers and attend regular faculty meetings at the school.
- Talk to parents and participate in meetings of the PTA, PTO and other parent groups.
- Go to the local mall, school events, or school cafeteria and talk to teens about their issues and what they need.
- Talk to students and visit health-related classes at the elementary and secondary schools.

Who are our Council's customers? Who are the people we need to talk and listen to in order to carry out our action plan?

2. Segment your audience.

Your Council has several groups of customers it needs to reach: teachers, school administrators, health-care professionals, parents, clergy, employers, merchants and others unique to your community. Good marketers know that you cannot sell a product to the general public. Teachers, parents, employers, children, and teenagers respond differently to particular approaches. Segment your target audiences into similar groups, and create specific messages for each group.

What are the segmented audiences that we need to address in your action plan?

a.

b.

c.

3. Position your product.

The products of social marketing often are difficult to promote. Products such as coordinated school health programs do not "sell" as easily as a bar of soap or a car. The costs of your product may include staff time and effort to plan and implement new curricula, giving up the way things used to be, embarrassment or inconvenience, and social disapproval. To counter factors working against adoption of your product, create a plan to address them.

Your product position is based on the benefits of the product (what will it do for me?) and/or removal of barriers (how difficult is it for me to do?). By talking about your product with the target audiences, you can discover the benefits they value most and the barriers they anticipate.

a. What is the specific "product" that your Council is trying to sell?

b. What does each target audience perceive as benefits and barriers?

Target Audience	*Benefits*	*Barriers*
■		
■		
■		
■		

4. Know your competition.

Become aware of the competing messages vying for the attention of your target audiences. Your product's competition may be alternative curricula or the status quo. Your product must be more attractive than the alternatives or there will be no action at all.

a. Who are the competitors to your plan?

-
-
-

b. What strategies are your competitors using that you can adapt?

-
-
-

c. What other factors in the school and community may affect people's reaction to your plan?

■

■

5. Go to where your audience is.

People will not go out of their way to find your message. When you talk to your customers, ask them where they get their news and what radio stations they listen to. If you learn that your target audience tends to read the local newspaper, place your ads there and work with that paper's reporters to get coverage of your issue.

Where do your target audiences find out about issues like our plan to improve school health?

Target audience	*Where they get information*
■	
■	
■	
■	

6. Use a variety of approaches.

Use a combination of mass media, community, small group, and individual efforts. When a simple, clear message is repeated in many places and ways across the community, it is more likely to be seen and remembered. The approaches depend on your budget and what is most effective with the target audience. Stick to one main "look" and slogan, or people may not realize all the pieces are from your Council.

Check the approaches your Council will use:

____ Letters to families

____ Speakers bureau

____ Newsletters

____ Brochures

____ Television and radio spots

____ Print ads

____ Community event

____ Poster contest

____ Giveaways of products or services

____ Toll-free hotline for information

____ Classes on your topic offered in the community

____ Other (please specify): ________________

7. Test, test, test.

Test with your target audiences to determine the potential effectiveness of all materials developed for your project. Remember that the customers are the experts on what works best for them. You can use two methods for testing:

- Conduct a focused discussion on a given topic. A focus group brings together 8 to 12 people relevant to your efforts. Focus groups can be used to learn how people in the target audience think about the issue, why, the language they use to talk about the issue, and their reactions to activities or materials you've developed.

- Distribute surveys that ask for general information about people's knowledge, attitudes, and behaviors regarding a particular topic. Surveys work best when you have very specific questions that don't require the respondents to explain their answers (e.g., "yes" or "no" questions). Surveys do not have to be complicated, but they do require care in administration and interpretation.

8. Build partnerships with key allies.

Your Council needs groups throughout the school and community to come together in a coordinated effort. Groups concerned with your issues—the media, schools, businesses, government agencies—can join you in your vision. You will have a greater impact as well as access to new audiences.

Consider potential alliances with

- reporters who cover health and school stories by suggesting stories and providing lists of experts and fact sheets;
- local politicians who can be helped to understand and support your issue;
- businesses who can sponsor your activities; and
- professional associations, local civic groups, religious groups, and community coalitions.

a. What key people and organizations do you need to work with that have the potential to bring attention and credibility to your efforts?

b. What do you need to ask these people and organizations for in terms of support?

Adapted from *Building Social Marketing into Your Program* by Nedra Kline Weinrich (http://www.social-marketing.com/) 1995.

Meeting Resistance to Change

The table below summarizes the kinds of resistance from the school and community your Council may confront as it implements the action plan. As a Council, review the table and add any additional problems you anticipate that are not identified.

KINDS OF PROBLEMS	EXAMPLES OF TYPICAL PROBLEMS
Problems with the current school health program: ■ planning process ■ planned activities ■ content of program ■ target population to be reached ■ ■	■ delays in implementing ■ lack of coordination among different areas ■ bad fit for the school or community ■ lack of understanding about the change ■ unresponsive parents ■ ■
Problems with people: ■ their attitudes towards the new program or proposed change ■ their lack of knowledge and skills to implement the program ■ ■	■ resistance and skepticism ■ conflict in values ■ poor group functioning ■ inadequate teaching skills ■ lack of training on the subject matter ■ ■
Problems with the program setting: ■ normal day-to-day crises ■ competing demands ■ control of resources ■ physical setting ■ resources ■ ■	■ unexpected school cancellations or delays ■ illness of staff, especially long-term ■ curricula required by state or local regulations ■ required testing ■ lack of control over hiring, budget ■ inadequate facilities ■ lack of time or money ■ overloaded staff ■

Create a Process for Resolving Conflicts

As a Council you need to develop strategies to address issues early. Some problems can be addressed by members of the Council without involving outside individuals or groups. However, some problems may be serious enough to conduct a special meeting for the people raising concerns. Listed below is a conflict resolution process to help resolve these conflicts.

1. *Be prepared.* Anticipate possible objections from both inside and outside your Council. Identify those concerns that may lead to resistance to change.

2. *Revisit the vision and the ground rules developed by the Council.* Focus on the needs of children and the benefits of the action plan to meet those needs.

3. *Decide who will facilitate the process for resolving the conflict.* If the Council chair or a member cannot help resolve the conflict, ask a third-party facilitator or mediator to help resolve the conflict.

4. *Explore and legitimize concerns.* Ask individuals or groups to share their concerns and objections. Get them out on the table. Acknowledge that concerns are realistic and that their ideas will be discussed. Designate someone to take notes (shows serious interest).

5. *Avoid personalizing the conflict.* Some people view conflict as a threat to long-held beliefs. Do not minimize others' concerns or attack their point of views.

6. *Make sure everyone is heard.* Limit the time of those who talk, and invite the participation of those who do not. (Tip: During meetings give each participant the same amount of tokens. When they have used of their tokens, they may not speak again.)

7. *Respond actively.* Let people know you are listening by recapping, paraphrasing, and summarizing. Demonstrate a willingness to follow up and pursue issues. Set up a committee to study the concerns and come up with solutions.

8. *Get closure.* Summarize concerns and the steps needed to address them. Restate the agreed-upon course of action, and ask the group whether the notes are accurate. Determine what needs to be done next.

9. *Don't burn bridges.* Remember, most of those involved are members of the same community. Everyone must continue working together during and after the conflict. Create rituals for healing and forgiveness. Remember to use humor.

Adapted from *Healthy Students 2000: An Agenda for Continuous Improvement in America's Schools* by Diane DeMuth Allensworth, Cynthia Wolford Symons, and R. Scott Olds (Kent, OH: American School Health Association, 1994) 51.

Possible Sources of Conflict within Community-School Health Advisory Councils

SOURCES OF CONFLICT	WAYS TO RESOLVE
Power struggles ■ Members use their power in negative ways by controlling information or resources; bullying others; using fear tactics; or being inconsistent, demanding, or manipulative. ■ Personal customs, languages, or preferences are not being met.	*Address power needs* ■ Look for underlying issues, such as history of conflict, fear of loss of control, agency stress, or personal stress. ■ Review the customs of members. Define frequently used terms. Acknowledge different styles, and decide when each will best be used.
The wrong people ■ Member were not well chosen in the beginning. ■ Members attend infrequently.	*Choose new members* ■ Look at the process for choosing members. ■ Recruit new members with the expertise needed by the Council. ■ Ask members to evaluate their level of commitment to the Council. NOTE: See Step 5 of this Guide for suggestions on selecting new Council members.
Low trust ■ The Council leader lacks the needed skills. ■ Meetings are boring and do not accomplish the agenda. ■ Self-interests are not being disclosed. ■ Communications are poor.	*Enhance trust* ■ Choose a new leader. Ask the Council to take more responsibility for meetings. ■ Review the characteristics of effective meetings, and make needed changes. Add rituals that build trust. ■ Disclose the culture, gain, diversity, and perception each member seeks. ■ Practice communication skills. Review how communications are being managed.

SOURCES OF CONFLICT	WAYS TO RESOLVE
Vague vision and action plan ▪ Members frequently call the vision and action plan into question.	*Strengthen vision and action plan* ▪ Review the Council's desired future. Remember that conflict often is not about wording but about the scope of effort. Some members want specific, readily achieved results; others prefer larger, more complex efforts. Set short-term goals.
Incomplete desired results and strategies ▪ Desired results and strategies are frequently debated, even though they are in writing. ▪ Some members pressure the Council into quick action.	*Revise desired results and strategies* ▪ Review desired results. Can they realistically be achieved? Members get burned out when they cannot see concrete accomplishments. ▪ Stress the importance of planning.

Adapted from *Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey*, by Michael Winer and Karen Ray (St. Paul: Amherst H. Wilder Foundation) 82–83.

Step 5

Maintaining Momentum

IN THIS STEP:

- Evaluate your Council's efforts.
- Hold an annual renewal meeting of the Council.
- Revitalize the Council's membership.
- Expand school health improvement efforts.

Putting together a Community-School Health Advisory Council is like a journey into a new territory. Preparing for such a journey requires careful planning and selection of participants. Even though your Council has assembled the right mix of people and created an action plan, the group may find itself growing weary long before it reaches its destination. Keeping people engaged and reaching goals requires sustaining the spirit and purpose with which the group began.

> *"Coming together is a beginning; keeping together is progress; working together is success."*
>
> *Henry Ford*

Step 5 explains how to maintain your Council's momentum and how to move it to the next level of school health promotion.
Suggestions include ways to

- evaluate the implementation of your Council's action plan,
- identify outcomes,
- recognize your members' contributions,
- revitalize the Council's membership, and
- move the Council's school health improvement work to the next level.

EVALUATE YOUR COUNCIL'S EFFORTS

Evaluation should be an ongoing activity of your Council. Assign to a Council member or subgroup the responsibility of overseeing evaluation activities. The basic reasons for evaluation is to check your progress on the Council's action plan and to determine whether your work is having a positive impact. Council members will be motivated by knowing that they are making a difference in their school and community. There are two types of evaluation your Council will need to consider: process evaluation and outcome evaluation.

Process evaluation

A process evaluation helps you determine whether the action plan is being carried out as intended. Some of the information you will gather in a process evaluation will help the Council determine

- how effectively the Council is working together and achieving its vision;

Important Information to keep about your Council

1. Briefly summarize how the Council came to be. Include how the Council idea was initiated; where, when, and why it was organized; who provided the leadership for the Council; who joined the Council's efforts; what the vision of the Council is; who the members of the Council are; and what segments of the community they represent.

2. Keep a file of meeting minutes, sign-in sheets, newspaper clippings, promotional brochures, and other printed materials about the Council's work.

3. Keep a running list of issues addressed by the Council each year.

- how closely the activities are being implemented as they were intended;
- whether there are any unintended consequences from the activities, and whether these outcomes are positive or negative;
- how well the activities outlined in the action plan are being received by administrators, teachers, students, families, and community members; and
- what kinds of midcourse corrections are needed to get back on track.

Process evaluation is ongoing; you will need to devote time to it at each meeting. Documenting the Council's work as it occurs is much easier than trying to recreate the sequence of events after time has passed. Time also will be needed at the end of each year to collect evaluation information from members about how well the Council is working together and to assess Council accomplishments. *Important Information to Keep about Your Council* gives examples of the kind of information gathering your Council may want to do.

As you learned in Step 4, continuously checking your Council's ability to work together will help you achieve your ultimate goal or vision. In addition to reading the information in Step 4, review the evaluation questions in the American Cancer Society's resource *Improving School Health: A Guide to School Health Councils* found in Appendix A. Pages 17 and 18 provide 32 "yes-no" questions for evaluating the effectiveness of your Council.

Outcome evaluation

Your Council needs to collect information about the outcomes of your efforts. Once you've implemented the strategies in your action plan and your early process evaluation shows that things are running smoothly, assess the impact of your plan. This may come whenever your Council chooses. Outcome evaluation examines the changes that occurred from your efforts and whether those changes were the ones you intended.

The worksheet *Planning an Outcome Evaluation for a Community-School Health Advisory Council* on page 5-9provides a series of questions to help you plan an outcome evaluation for your Council's work. *Working with an Evaluator* gives tips for finding an external evaluator to help conduct an evaluation if your Council decides this outside help is needed.

Working with an evaluator

An evaluator can help your Council objectively assess the impact of your action plan and save you time and energy in the long run. Carefully select someone for your evaluation needs. These suggestions will help you with this process:

- *Form an evaluation committee to plan and oversee the evaluation.*
- *Outline the purpose of the evaluation and specify tasks for the evaluator (e.g., develop a plan and instruments, collect and analyze data, and prepare written report).*
- *Identify individuals who might help with the evaluation. Ideally, the evaluator will work for an organization already participating in the Council and will provide services at little or no cost. You might also check with universities, professional associations, or private services. Most of these sources will expect to be paid.*
- *Meet with the evaluator to identify responsibilities, timelines, the reports her or she will provide, and budget.*
- *Meet regularly with the evaluator to check progress.*

(Brighter Days for our Kids: A Resource Guide for Comprehensive School Health Programs)

HOLD AN ANNUAL RENEWAL MEETING OF THE COUNCIL

Hopefully your Council will have significantly improved school health at the end of its first year. Even if some of what you planned did not turn out as anticipated, celebrate successes and learn from your challenges.

Plan an annual, half-day meeting with all the Council members. This meeting can help the group monitor its efforts, rejuvenate membership, and refine the vision and action plans. At the end of this step, you will find two handouts that will help you plan and conduct a renewal meeting. They are the *Agenda Planning Guide* for a renewal meeting of a Community-School Health Advisory Council (page 5-13), and a sample *Meeting Agenda* for the renewal meeting (page 5-15).

The *Agenda Planning Guide* gives details for conducting a three-hour renewal meeting. This handout is to be used by the meeting facilitator. Someone who is not a Council member should facilitate the renewal meeting so that the chair and all members can fully participate.

The renewal meeting is a time to celebrate. Recognize Council members who will not be continuing. Ask the food service director whether the food service staff can prepare a meal for the meeting. This is a good opportunity to highlight this aspect of coordinated school health.

Consider sending copies of Council documents for members to review prior to the renewal meeting. These documents may include an annual report, a report to the school board, evaluation reports, promotional brochures, and other printed materials. Include these items with the invitation letter, and ask members to read them before the meeting.

REVITALIZE THE COUNCIL'S MEMBERSHIP

Effective Community-School Health Advisory Councils are able to adapt and adjust to change. As your Council matures, membership needs to change. In the first year of your Council, people were needed who could envision the future for school health and empower others to participate. These were the "big picture" thinkers who helped pull together the vision and action plan. Your Council now needs people who pay attention to details, procedures, and implementation.

When deciding who to recruit as new members to your Council, identify task-oriented people. These may be individuals who were involved earlier but drifted away because they grew impatient with the visioning. Also, consider staff from the school and other organizations who are likely to implement the action steps.

Evaluate the diversity and community representation found in the Council's membership, using the worksheet *Evaluating Your Council's Membership* (page 5-17). In addition, revisit the planning form titled *Community School Partners to Invite* (page 1-7) that you used in Step 1 to identify new members for your Council.

EXPAND SCHOOL HEALTH IMPROVEMENT EFFORTS

Hopefully the first year of your Community-School Health Advisory Council produced positive results for students, the school, and community. Your Council may now be ready to take on bigger projects that have a broader impact on the school and community.

How do you know whether your Council is ready to expand its efforts at improving school health? Do Council members believe that they have built relationships that let them reach goals they couldn't achieve alone?

Over time, Council members develop relationships with each other and overcome their differences. Eventually the group will work together at higher levels of intensity. *Collaboration Continuum* describes three levels of relationships at which councils can work together. They are networking, cooperation, and collaboration. Very few councils start at collaboration.

To expand your school health improvement efforts, you will find it necessary to move towards the collaboration end of the continuum where relationships become more formalized and resources are combined. The information sheet *Moving to the Next Level of School Health Improvement* (page 5-19) gives examples of activities that councils might initiate at the three levels of collaboration.

Your Council's annual meeting allows members to review the *Collaboration Continuum* and the information sheet. The materials suggest strategies for moving the Council's action plan to the next level of school health improvement.

Collaboration Continuum

Networking →	*Cooperation* →	*Collaboration*
Shared ideas	*Shared ideas and resources*	*Combined resources*
Learn about each other's programs and services	*Minimize duplication of programs*	*Shared vision and a new system*
Loose and informal links	*Semi-formal links*	*Formal and written links*
Loosely defined roles	*Somewhat defined roles*	*Formalized roles*
Informal communication	*Group planning and decision making*	*Consensus used in decision making*
Little conflict	*Regular communications*	*Highly developed communication*
Some specific decisions	*Some conflict*	*Greater potential for conflict*
Resources of partners are kept separate	*Funds are raised for specific projects*	*Development of new resources and joint budget*

CONSIDER CONDUCTING A NEEDS ASSESSMENT

As you work with the Community-School Health Advisory Council, members may decide at some point that they need or want to do a needs assessment. A needs assessment can be conducted at any step along the way. As the Council is forming, a needs assessment may determine priorities for the Council. Later in the process, a needs assessment may help the Council gain grant support, obtain commitment from a broader spectrum of community leaders, and provide baseline data for future program evaluations. Conducting a Needs Assessment (Appendix F) provides basic information to help you decide whether to conduct a needs assessment, how to conduct it, and what to do once the assessment is completed.

Check Your Progress on Step 5

1. **Has an outcome evaluation plan for your Council's action plan been prepared?**

   ______Yes ______No ______Not yet but plan to

   Are you securing technical assistance from outside the Council (if needed) to plan and conduct the evaluation activities?

   ______Yes ______No ______Not yet but plan to

2. Has an annual meeting been planned and held to celebrate the Council's success this year?

   ______Yes ______No ______Not yet but plan to

   If yes, how many Council members helped plan and lead the meeting? __________

   How many people attended the meeting? __________

   Did the media cover the event? ______Yes ______No

   What positive things resulted from the annual meeting?

   What improvements would you recommend for next year's annual meeting?

3. Has your Council revised and updated your vision, goals and action plan?

   ______Yes ______No ______Not yet

4. Have you evaluated the current membership of your Council and determined new membership needs?

   ______Yes ______No ______Not yet

Next steps:

1. Recognize that community change requires a long-term commitment. Immediate and dramatic results are rare.

2. Encourage Council members to look for connections between their actions and changes in the community to show the effectiveness of the Council. Because communities are affected by many initiatives, "proof" that Council actions alone caused specific changes in the community is unlikely.

3. Continue to improve the effectiveness of your Council by seeking feedback from current members and using their recommendations, and by revitalizing the Council's membership.

4. Recognize and celebrate the accomplishments of the Council. Appreciate the improvements that the Council's community-school partnership has contributed to your community's quality of life.

5. Prepare to move your Council's effort at school health improvement to the next level.

Planning an Outcome Evaluation for a Community-School Health Advisory Council

Planning and conducting an outcome evaluation is logical and straightforward but time consuming. The process outlined in this worksheet will be most effective if your Council works with a trained evaluator. You do not need to hire an external evaluator if you can find this expertise within the Council or as an in-kind donation from one of your community partners. Either way you need to address the questions in these steps.

1. Who in your Council will oversee the outcome evaluation? Who else on the Council will assist him or her?

   ______________________ Chair
   ______________________ Member of subgroup
   ______________________ Member of subgroup
   ______________________ Member of subgroup

2. What do you want to evaluate in your Council's action plan? What are the specific goals of the evaluation? You probably do not have enough resources to evaluate all activities. Review the action plan's goals and objectives to help determine the activities you want to evaluate and the kind of information you need to collect.

3. Who will use the outcome evaluation results? They could be parents, school board members, school staff, potential funders, or staff of community-based organizations. What kind of questions will they have about the program, and what kind of information will they find credible?

4. What methods are you considering for data collection?

   ______ Gather and review data that are already available
   ______ Focus groups
   ______ Questionnaires
   ______ Telephone or face-to-face interviews
   ______ Participant observation
   ______ Other

5. How will you share your evaluation findings with key stakeholders and the community?
   ______ Community forum
   ______ Presentations to key stakeholder groups and community organizations
   ______ Media (radio, television and/or newspaper)
   ______ Newsletter articles
   ______ Written report (complete report plus a summary)
   ______ Other

6. Will you use a consultant or other resource person to help with the evaluation?
   ______ No
   ______ Yes (please identify)
   ______ Unsure (what kind of help do you need? where might you get it?)

7. Outline the seven steps you will use to conduct the evaluation. Identify who might be responsible and when each step may be completed.

Step 1: Organize the evaluation team.

Person responsible ______________________________

Completion date ______________________________

Actions needed:

Step 2: Describe the purpose of the evaluation or the one to three key questions you want answered by the evaluation.

Person(s) responsible ______________________________

Completion date ______________________________

Actions needed

Step 3: Identify and gather information about the activity that is already available. Examine information to see how well it answers the key questions in Step 2.

Person responsible ______________________________

Completion date ______________________________

Actions needed:

Step 4: Determine whether additional information is needed, and identify methods to collect it.

Person(s) responsible ____

Completion date ____

Actions needed

Step 5: Collect new information and analyze.

Person(s) responsible ____

Completion date ____

Actions needed

Step 6: Report your findings.

Person(s) responsible ____

Completion date ____

Actions needed

Step 7: Use findings in revising and planning the Council's future work.

Person(s) responsible ____

Completion date ____

Actions needed

Agenda Planning Guide

Annual Renewal Meeting
for **(your school district)**
Community-School Health Advisory Council

(date, time, location)

Goal: Celebrate the success and plan next steps of the Community-School Health Advisory Council for **(your community)** *to improve school health.*

NOTE: Send out copies of the Council's annual report, evaluation studies, and other relevant materials for members to read before the meeting.

Before the meeting, post the vision and ground rules of the Council.

Get acquainted **(15 to 30 minutes)**

- Serve refreshments or meal
- Sign-in
- Name tags

Welcome **(10 minutes)**

(chairperson of the Council)

- Introduce yourself.
- Describe the purpose of the meeting.
- Thank those attending for their interest.
- Have members of the Council introduce themselves.
- Give any special recognition to members who are leaving the Council.

Review of the Council's Work since the last meeting **(30 minutes)**

(chair or designated facilitator)

Ask members of the CSHAC:

- What did you think of the process that brought the Council together?
- What have been the accomplishments of the Council during the past year?
- What have been the benefits for you of being involved in the Council?
- What have been your frustrations and disappointments?

Write their responses to each question on separate flip charts and post around the room.

Assess the Council's development **(30 minutes, variable)**

All

Review with the members the

- diversity and contribution of members and
- effectiveness of the Council's structure.

Ask the group to determine the following.

- Are the right people are around the table? If not, review the worksheet *Community-School Partners to Invite* from Step 1 and the worksheet *Evaluating Your Council's Membership.* List on a flip chart those who need to be invited to participate in the Council.
- Are the members are making the kind of contributions desired? If not, review the worksheet *Creating a Structure for Your Community-School Health Advisory Council* from Step 4. Identify needed changes and list on a flip chart.

Identify strategies for the coming year **(30 minutes)** **All**

Using the information on the flip charts from the previous two exercises, ask the group:

- What are the priority issues that the Council needs to address in the next year?
- Which of these priority issues can we have an impact on and are committed to work on?
- What is the best way to organize our work to address these issues?
- Who needs to be recruited as new members to our Council to help us address these priorities?

Revise the action plan **(30 minutes)** **All**

Divide the Council into smaller work groups for each priority identified in the previous step. It is critical for the smaller work groups to identify what needs to be done, by whom, and by when to address the priority issue. There may not be enough time to complete this work in the meeting, so have work groups schedule another meeting to continue their work. Plan for each work group to share their progress at the next Council meeting..

Feedback **(15 minutes)** **(chair)**

Ask for volunteers from the workgroups to share some of their planning.

Encourage members to give each other feedback.

Next steps **(10 minutes)** **(chair)**

- Set the next meeting date, time, and location.
- Ask for the names, addresses, and phone numbers of others who should be invited to the next meeting. Encourage them to help invite new members to the Council.
- Remind work groups to meet before the next Council meeting to finish their planning.
- Thank participants for their active involvement this past year.

Adjournment **(2 minutes)** **(chair)**

Thank participants again for their attendance and input.

Sample

Meeting Agenda

Annual Renewal Meeting
for (your school district)
Community-School Health Advisory Council

(date, time, location)

Goal: Celebrate the success and plan next steps of the Community-School Health Advisory Council for (your community) to improve school health.

Welcome, dinner or refreshments, and get acquainted **All**

Review of the Council's work since the last meeting **(chair or designated facilitator)**

- What did you think of the process that brought the Council together?
- What have been the accomplishments of the Council during the past year?
- What have been the benefits for you of being involved in the Council?
- What have been your frustrations and disappointments?

Assess the Council's development **(chair or designated facilitator)**

- Do we have the right people around the table? If not, who do we need to invite?
- Are you making the kind of contributions to the Council you want to? If not, what would you like to change?

Identify strategies for the coming year **All**

- What are the priority issues that the Council needs to address in the next year?
- Which of these priority issues can we affect and are committed to work on?
- What is the best way to organize our work to address these issues?
- Who needs to be recruited as new members to our Council to help us address these priorities?

Revise the action plan **(30 minutes)** **All**

In smaller work groups, identify what needs to be done, by whom, and by when for each of the priorities identified in the last step.

Feedback from workgroups **(volunteers)**

Next Steps **(chair)**

- Set the next meeting date, time, and location.
- Remind work groups to meet before the Council meeting to finish their planning.
- Thank participants for their active involvement this past year.

Adjournment

Evaluating Your Council's Membership

Use this worksheet to assure broad involvement of your community on the Council. Check the categories currently represented on your council, and then recruit additional members as needed..

Names

Gender

Male
Female

Age

Youth
Adul

Race/Ethnicity

African American
White
Asian
Hispanic
Native American
Other

Geographic representation

List the various regions of your community as row headings

Region #1
Region #2
Region #3
Region #4

Community representation areas of expertise

Churches
Schools
Youth organizations
Government

Civic clubs ______________________________

Service agencies ______________________________

Prevention services ______________________________

Intervention services ______________________________

Medical ______________________________

Mental health ______________________________

Business/Industry ______________________________

Other: ______________________________

Youth development ______________________________

Family interaction ______________________________

Community action ______________________________

Media/Communications ______________________________

Adapted from *Making the Grade: A Community Workbook* (Washington, DC: National Collaboration for Youth) 13.

Moving to the Next Level of School Health Improvement

Function	Stage 1 Networking	Stage 2 Cooperation	Stage 3 Collaboration
Advising and decision-making	Form Community-School Health Advisory Council.	Partnership between physician and teacher to improve health status and learning.	Form an interagency coalition to advise policy-makers.
Information	Distribute materials produced by health agencies.	Use parents as partners to develop specific instructional strategies.	Distribute multiple agency newsletters, calendars of events, and directories of services.
Services	Screen students for health problems by volunteer or health professional.	Use school setting for training of medical students, nursing students, etc.	Form a collaborative of school and agencies to provide school-based services.
Planning and development	Open school recreation facilities to fitness activities for community.	Develop a plan to improve child health between the school and the health department.	Develop a consortium of schools to purchase research-based curriculum.
Research and evaluation	Provide access for researchers from higher educational institutions.	Cooperatively submit a grant proposal by school and community agency.	Use multi-agency task force to gather health and social data on student health problems.
Training	Use health professionals and parents as consultants for inservice or instructional programs.	Use community agencies as learning laboratories for students who serve as volunteers.	Use personnel in health service network to provide inservice programs for other members.
Advocacy	Use parents as sources for articles on school health issues.	Initiate and develop regional school health education coalition.	Form a coalition to promote the benefits of comprehensive school health.

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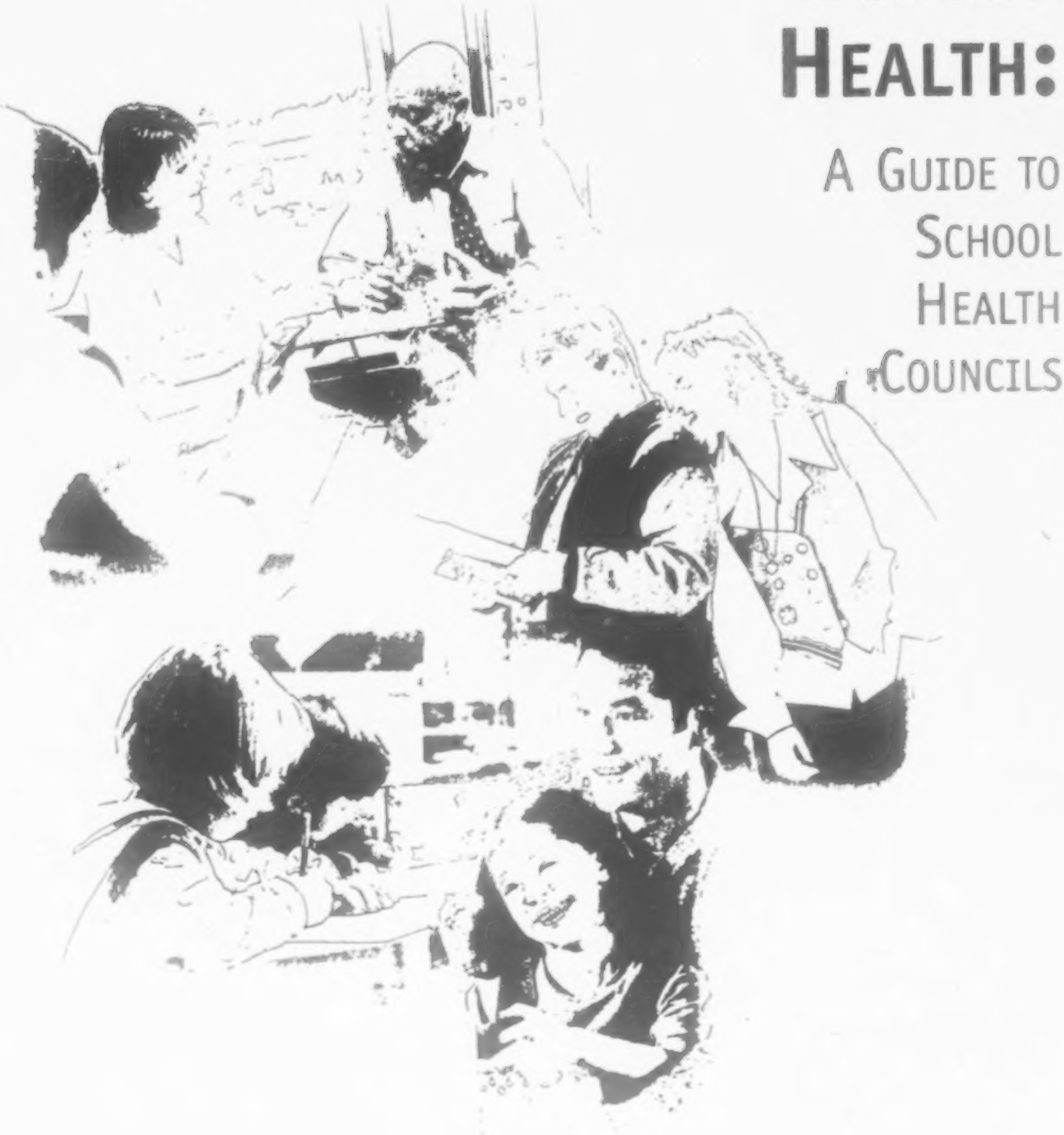
IMPROVING SCHOOL HEALTH:

A GUIDE TO SCHOOL HEALTH COUNCILS



A SERIES OF GUIDEBOOKS FOR VOLUNTEERS AND STAFF

AMERICAN CANCER SOCIETY

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Acknowledgments

Sincere appreciation is expressed to the following for granting permission to the American Cancer Society to revise and adapt selected material for use in this manual:

The North Carolina Department of Public Instruction, Division of Curriculum and Instruction, Healthful Living Section.

The American Cancer Society, Texas Division, Inc.

This manual was developed by Christin P. Bellian for the American Cancer Society.

Introduction

Researchers estimate that if everything known about the prevention of cancer were applied, up to two-thirds of cancers would not occur. Research also tells us that healthy behavior is based not only on knowledge, but on values, attitudes, and skills developed early in life. It is these formative years that offer parents, the community, and institutions a valuable opportunity to influence the development of healthy behaviors in children. The health of our children now and for a lifetime will not depend on spectacular medical breakthroughs, but rather on lifestyle choices they make. If we can provide our children with the knowledge and skills they need to make healthy lifestyle choices, we can dramatically reduce their risk of death, disease, and injury for a lifetime. This ultimately will reduce their personal health care risk as well as reduce the spiraling costs of health care. It could even help improve economic productivity. Armed with this information, it is imperative that all of us take action to encourage our youth to adopt healthy lifestyles.

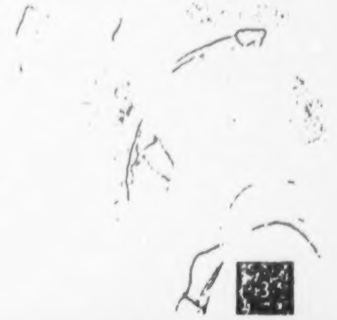
The American Cancer Society is committed to making sure that our children have the knowledge and skills required for making healthy lifestyle choices through quality health education. The American Cancer Society believes that cancer prevention and control education provided throughout the country as part of comprehensive school health education will significantly reduce the risk of cancer for all Americans now and in the years to come. To achieve this, the American Cancer Society has identified comprehensive school health education as a cancer prevention priority. All over the country, activities are being initiated to educate the public about the importance of and need for school health. As an advocate for a coordinated school health program, including a comprehensive K-12 classroom instruction component, the American Cancer Society calls on communities and schools to ensure that school health is an integral part of its plan for healthy children and youth.

An important way that you and your local American Cancer Society can help is by participating in your local school health council (SHC). Or, if your school system does not already have a SHC, it is important to help get one started. SHCs provide opportunities to ensure that local school systems create and implement an age-appropriate, sequential health education program that responds to the individual needs and the unique values of your community.

The American Cancer Society and School Health Councils (SHCs)

Research suggests that one of the most effective vehicles for interacting with the local community on school health issues is through a School Health Council. There are many ways that staff and volunteers at the local level can help ensure that the SHC provides the community a voice in planning and implementing comprehensive school health education.

As you read this guide to SHCs, you will find *checkpoints* in the right margin. These checkpoints provide ideas for how ACS at the local level can influence the functioning of your school system's SHC. Not every checkpoint will necessarily apply to you and your SHC; however, they can serve as springboards for further thinking about how your local Unit can get involved with the SHC.



What Are School Health Councils (SHCs)?

- ✓ Make an appointment with the school professional who oversees health education. Find out if your school system has a SHC. If it has a SHC, does it function in a way that fits this definition? If not or if it does not have a SHC at all, use this definition as the beginning of a dialogue about why your school system needs a SHC to advise the school board on school health issues.

A school health council, sometimes called a school health advisory council, is an advisory group of individuals who represent segments of the community. The group acts collectively to provide advice to the school system on aspects of the school health program. Generally, the members of a SHC are specifically appointed by the school system. Most often SHCs advise an entire school system (district), but a SHC may also be useful for an individual school wanting its own advisory council. School systems often use advisory councils to provide advice to them on a variety of topics, such as exceptional children or drop out prevention.

It is important to emphasize that such councils are formed to provide advice. These groups do not become part of the administrative structure of the schools. Nor do they have any legal responsibilities within the school system.

What Do SHCs Do?

A SHC has a variety of roles, depending on how the school system uses it. Some SHCs are designed to address issues around health instruction alone, while others address all components of a comprehensive school health program (health instruction, healthful school environment, health services, physical education, school counseling, food service, school site health promotion for faculty and staff, and integrated school and community programs). Some roles that are commonly assigned to SHCs include (but are not limited to) the following:

- **Program planning.** SHCs ensure that professionals who directly influence student health meet regularly to learn what their colleagues are doing, share teaching strategies, problem solve, and plan synergistic activities; participate in curriculum selection and adaptation; provide a forum for discussion of health issues; facilitate innovation in health education; provide in-service training programs.
- **Advocacy.** SHCs provide visibility for school health within the school system and community; ensure that sufficient resources are allocated to school health; intervene when individuals from within or without the school seek to eliminate or unfavorably alter the school health program; facilitate understanding between schools and community segments; engage representatives from the local business, media, religious, juvenile justice, and medical communities to serve as a buffer against threats to programs and to provide resources and linkage opportunities.
- **Fiscal planning.** SHCs assist in determining how much funding is required to conduct school health programs; integrate the various funding sources for school health education; help raise funds for local programs; and prepare grant applications.
- **Liaison with district and state agencies.** SHCs work with agency personnel in the areas of curriculum selection, allocation of school nurse time, development of food service programs, distribution of federal or state funds, and policy making.
- **Direct intervention.** SHCs initiate policy related to smoking and alcohol use and the sale of nutritious foods at schools; organize school-wide activities like health fairs and health promotion.
- **Evaluation, accountability, and quality control.** SHCs ensure that school health funds are spent appropriately, food service programs offer healthy menus, and that health-related activities are conducted; conduct focus groups with parents, teachers, administrators, and students; examine existing school services relative to need; assess the physical and psychological environment of the school.

✓ Find out what roles your local SHC has been assigned. If your SHC is not functioning in some of these six identified roles, prepare a brief position paper on ACS letterhead describing these roles and how your local SHC might become involved in them. Use "Conducting a Comprehensive School Health Program" by Ken Resnicow and Diane Allensworth in the February 1996 (Volume 66, Number 2) issue of *Journal of School Health* as a resource.

✓ Share ACS material on the importance of comprehensive school health education with SHC members so that they are armed with the knowledge to become expert advocates for school health education.

✓ Make sure that the school system and SHC are aware of the ACS curriculum for cancer-related topics.

✓ Co-sponsor any school-wide activities like health fairs or health promotion campaigns and donate any ACS materials that are relevant.

✓ Observe health education classes or the school environment, or examine school lunch menus to gain some familiarity with health education in your school system, and to serve as a friendly reminder that the schools are accountable to the community.

How Do SHCs Get Started?

Many states mandate that every school system establish a SHC. Research suggests that collaboration among families, communities, and schools is the most effective approach for both prevention and intervention. Mandates ensure that in the absence of community-initiated SHCs, the responsibility for developing and managing programs that address the physical, emotional, and social aspects of health is shared across all segments of the community and reflect community consensus. State mandates for SHCs usually are very specific about SHC function, structure, procedures, etc.

Frequently SHCs are organized by concerned citizens who want to ensure that the children in their community receive quality health education. Often these community-initiated efforts result in the highest quality comprehensive school health education programs since concerned citizens bring commitment and dedication to the council.

If your school system does not already have a SHC, here are some steps you can take to begin one:

- Review any established school system procedures for advisory councils.
- Gather three to five interested people to define shared perceptions about the need for a SHC.
- Establish the general purpose and major functions of the SHC.
- Conduct a realistic analysis of obstacles in the community and school system.
- Identify potential categories of SHC members and a tentative schedule.
- Prepare a brief proposal on the formation of a SHC.
- Gain support of your school system's Central Office personnel.
- Hold an initial meeting to determine interest levels and support for a SHC.
- Revise and finalize the membership roster.
- Adopt bylaws and charter membership.
- Conduct training for members.
- Conduct needs assessment.
- Develop task and project plans based upon needs assessment.
- Carry out proposed plans and monitor progress.
- Establish a mechanism for regular reporting to the school system and community.

- ✓ Find out if your state mandates SHCs. If so, what are the mandated specifications? Are they being met by your local SHC?
- ✓ If your SHC was developed through a very specific state mandate, encourage SHC members to explore broader roles for the SHC than simply what the mandate specifies.
- ✓ If your local school system does not already have a SHC, it is very appropriate for the local ACS Unit to spearhead the effort to get one started.
- ✓ Include at least a couple of non-ACS people.
- ✓ Use the definition and description of SHC roles described above.
- ✓ SHCs should represent the community's neighborhoods and geographic areas; economic, social, religious, and ethnic makeup; philosophies; constituencies; and power bases.
- ✓ Meet with key school system personnel early on to develop a collaborative relationship.
- ✓ Specifically invite key people in the community to attend. Use *Be a Leader in Academic Achievement* as a recruitment tool (Code #2052).
- ✓ Your local Unit could offer to provide training to new SHC members. This guide could be used as a basis for it, as well as some of the articles included in References, p. 20.
- ✓ Make sure that the school system designates a staff liaison at the outset so that there is no confusion about communication between the school system and the SHC.

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Who Are Members of SHCs?

Most importantly, SHC members are committed to quality health education for the children of their community. Other criteria should include:

- **Demonstrated interest in youth.** Individuals who work with Scouts, church youth groups, human service agencies, school events, other advisory groups, environmental groups, civic clubs, PTAs, or youth-related business projects are good candidates for SHC membership. They often have a good understanding of the needs of children.
- **Awareness of the community.** A general understanding by members of the cultural, political, geographic, and economic structure of the community can facilitate goal accomplishment. Some individuals are significant decision-makers and potentially valuable members because they are familiar with these aspects of the community and are known by different community segments. A person new to the community may bring the advantage of previous valuable experience without carrying the burden of local barriers seen by others.
- **Professional ability.** Individuals with professional training in a youth-related discipline are obvious potential members, as are other individuals employed in human service agencies. However, training and agency affiliation does not predict the value of an individual to SHC activities. While some SHCs want professional staff representatives from selected agencies, a more useful approach might be to choose individuals rather than agencies.
- **Willingness to devote time.** No matter what a person's qualifications and interest in youth, if she or he will not attend meetings and participate in the work of the SHC, it is usually better not to have that person as a member. Before appointing a member, communicate to the individual what the time commitment is to make sure he or she has the time for the SHC. The occasional exception to this rule would be the influential and cooperative individual whose membership on the SHC adds to its credibility.
- **Representative of the population.** Every community has population segments important within the community. These are often demographic segments which may be identified by age, sex, race, income, geography, politics, ethnicity, profession, or religion. To increase the likelihood of having a SHC that actually represents the community, it is important to plan member selection carefully. Representation of as many segments of the community as possible can enrich the level of discussion and acceptance of proposed activities. Additionally, such comprehensive representation can make the SHC a more credible and widely known body. One of the most serious problems for some SHCs is that their members do not reflect the views of the community.

✓ Make sure that your SHC is created for the sole purpose of advising on school health issues and is not an already existing advisory council for the school system that has been assigned school health in addition to other responsibilities. SHCs must consist of individuals who possess a genuine interest in school health education.

✓ A representative from the ACS Unit should seek membership on the SHC.

✓ Monitor attendance of SHC members at regular meetings. If certain members have poor attendance, this should be brought to the attention of the SHC chair or the designated school staff person to be addressed by him or her.

✓ Make sure that all or most segments of the population are represented on your SHC. If not, suggest to the SHC chair or designated school staff person what population segments need to be better represented on the SHC. Recommend people to represent these groups.

✓ Keep in mind that it is important to include on the SHC people with differing views. It is easier to manage conflicting views in a positive way at the council level rather than at the public level.

✓ The ACS Unit should recommend key community members for SHC membership.

- **Credibility of appointees** School systems should appoint to SHCs individuals who are respected by those who know them. Individual characteristics, such as honesty, trustworthiness, dependability, commitment, and ethical behavior, all contribute to the character of the SHC. The credibility of the SHC is enhanced considerably by the personal characteristics of its members.

Sources of SHC members are:

- parents
- students
- medical professionals
- social service agencies
- business/industry
- volunteer health agencies
- churches/synagogues
- hospitals/clinics
- public health agencies
- civic and service organizations
- colleges/universities
- public media
- attorneys and law enforcement officials
- schools
- youth groups
- professional societies
- government officials

How Are SHC Members Selected?

Most SHCs obtain members through one of three methods:

- **Appointment.** Some SHCs consist of individuals who are appointed by school board members to represent them in planning and implementing school health education programs. These SHCs generally reflect the views of the school board members.
- **Election.** Some SHCs consist of individuals who are elected by citizens, school board members, or administrators. These SHCs often reflect the views of the group who elected them.
- **Volunteering.** Some SHCs consist of individuals who volunteer to serve on the SHC. Such SHCs often best reflect the diverse views of the community since representatives from many segments have the opportunity to serve.

Regardless of what procedure is used to choose new members, some common steps should be taken.

- Membership categories and SHC size should be determined. SHCs typically have 11-19 members.
- A diverse group of three to five concerned individuals should be asked to identify potential members for each membership category.
- New members should be assigned term lengths of 1, 2, or 3 years to maintain a balance of term lengths on the SHC. This will protect the stability and develop consistency in operations of the SHC.
- The SHC's purpose, its general operation, current membership, and the time commitment for members should be briefly explained to each person identified as a potential member.
- Final decisions for membership should be made and confirmed with the designated school system contact person.
- Appointment letters should be sent to new members from the superintendent and/or the school board. The appointment letters should indicate how much the school system values a person's willingness to participate. The content of the letter should also refer to the name of the SHC, its purpose, terms of appointment, frequency of meetings, name of the school system contact person, and SHC chairperson, if appropriate. Finally, the letter should inform the person about the next steps for getting started with the SHC.

✓ Find out how your local SHC members are selected so that you can better understand the politics behind who becomes a member. Membership is most often gained by an approval process that involves the school board, superintendent, and SHC members.

✓ Share this list of steps for choosing new members with your local SHC.

How Are SHCs Structured?

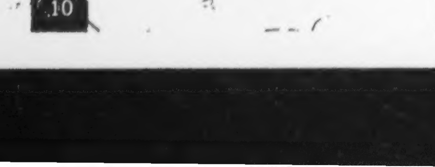
SHCs are structured in a variety of ways to best meet the needs of the school system. Structure of SHCs can be best defined by considering to whom the SHC reports. Three common structures are described:

- **SHC reports to the school board.** The simplest and most common structure is a SHC that consists of members from the community as well as the school superintendent and school health administrator. Members are appointed by and report to the school board. Advantages are direct communication with the school board, inclusion of two key school personnel on the SHC, and representation from a wide variety of community segments. A disadvantage is the possible domination by school personnel.
- **SHC reports to the school health administrator.** Another common structure is a SHC that consists of members from the community, who are appointed by the school board. The SHC members elect a chairperson. They report to the elected chair who reports to the health advisory administrator who reports to the superintendent who reports to the school board. Advantages are that the SHC may operate more independently without the inclusion of school personnel. Also, an orderly flow of advice to the school board is designated. A disadvantage is that advice might become distorted as it moves through the communication channel to the school board.
- **SHC reports to the media.** A less common structure is a SHC that consists of members from the community who are appointed by the school board, are elected by the community, or who volunteer to serve. The SHC reports its activities to the media at the same time it reports to the school board. An advantage is that the SHC operates most independently from the school system. A disadvantage is that the relationship could become adversarial since the school board does not have the opportunity to review and comment on the SHC's advice before it is released to the media.

Care should be taken in determining the best structure and communications option for each new SHC, and each existing SHC should consider reorganization to create a structure that best fits within its school system. There are many variables that will explain why a SHC structure might work well in one school system but not in another. For example, school health coordinators and superintendents vary in how they view advice from community members, the degree of their intended personal involvement, perceptions of the importance of school health programs, and the role of media.

✓ Learn how your SHC is structured. Does this structure work well for your school system and SHC? Interview SHC members and school personnel to find out if flow of communication is effective and efficient. If not, suggest alternate structures to consider.

✓ Make an appointment with the editor of the local newspaper to discuss the value and importance of your school system's SHC and comprehensive school health education. Request that both get regular media coverage.



How Do SHCs Carry Out Their Work?

Bylaws

To guide their work, SHCs should have written bylaws which clarify purpose, structure, and operational procedures. The potential for confusion among members is reduced when bylaws provide written guidelines for carrying out the business of the SHC. Some suggestions for what should be included in the bylaws follow.

- **Name and purpose of the SHC.** The name is likely to be straightforward, simply incorporating the school system's name (e.g., Hill County School Health Advisory Board). The purpose statement should reflect the advisory nature of the SHC and the definition of school health. For example, some SHCs define school health as K-12 classroom health instruction, while other SHCs include any aspect of health instruction, health services, and health environment. Still others use a broader definition that includes these three as well as health counseling, physical education, food services, staff health promotion, and community school relations.
- **Membership.** The composition of the SHC should be described: the number of members, community sectors to be represented, terms of appointment, voting rights, termination, resignation, selection method, attendance, and criteria for eligibility.
- **Meetings.** Frequency, date, and location of meetings, as well as procedure for setting the agenda, for notification of meetings, and for distribution of agenda and minutes should be stated. It should be specified that Robert's Rules of Order or an equivalent should govern the conduct of each meeting. (SHC meetings are subject to "open meeting" laws.)
- **Officers.** Titles and responsibilities of officers, their terms, as well as brief descriptions of the election, removal, and resignation processes, should be indicated. Generally, officers include chair or co-chairs, vice-chair, secretary, and perhaps treasurer.
- **Voting procedures.** The voting process and the quorum required at regular meetings should be described. For example, one-half of the members must be present for a vote to be taken and two-thirds must vote for a motion in order to approve it. Some SHCs require a waiting period (until the next meeting, for example) before a motion can be placed on the agenda as an action item and a vote can be taken.
- **Committees.** The names of all standing committees and brief descriptions of their functions and their membership should be included. The process for formation of special committees should be described.

✓ The Survey of School Health Education Programs discovered that most councils do not have written bylaws. Find out if your SHC has written bylaws. If not, volunteer to work with a sub-committee or representative of the SHC to write bylaws. Also keep in mind that while bylaws are important, their development should not take away too much time from the SHC's work on school health issues.

✓ The definition of a SHC from above may be used as the statement of purpose.

✓ The Survey of School Health Education Programs discovered that council size ranges from 10 to 37 members, with most having about 14 members.

✓ The same survey indicates that councils most often meet quarterly, then monthly, then bi-monthly, and least often, semi-annually.

- **Communications.** The reporting procedures to be used by the SHC for internal and external communication should be clearly stated. The method for determining the agenda, the identification of the school personnel or group receiving reports from the SHC, any regular procedure for informing the community about SHC activities, and the identification of a central location for records of past and current SHC activities should be specified.

- **Amendments.** The procedure to be used for amending the bylaws should be indicated. Bylaws should be approved by charter members if possible, dated, and copies should be made available to all new members and appropriate school personnel.

Statement of Philosophy

✓ Educate your SHC on why it is important to develop a statement of philosophy about comprehensive school health education.

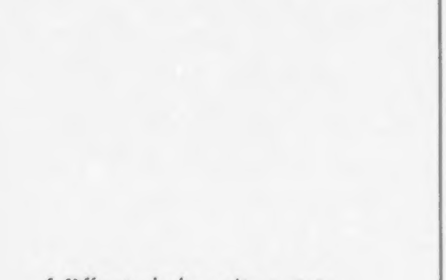
Some SHCs have written statements of their philosophy on comprehensive school health education. This clarifies the SHC's collective view on what school health means. It offers the SHC a framework to refer to when making policy decisions. SHC members can ask themselves: Does this new policy fit into our philosophy of school health? Here is an example of a statement of philosophy:

- **Statement of Philosophy.** The primary function of a school is to provide students with the learning experiences necessary for maximum intellectual development. The success of this process is limited by the child's emotional, social, and physical health. For this reason the purpose of a comprehensive school health education program is twofold: first, to consider the total human being in the educational process, and second, to motivate students to help themselves and others to live healthy, productive lives.

✓ Offer to help write a statement of philosophy for your school system, either by facilitating the process or writing the draft. Provide SHC members with ACS materials that state ACS's views on comprehensive school health education programs to use as examples. It is okay to borrow words from ACS material.

Writing a statement of philosophy can be a challenge. Professional assistance is available at local, state, and national levels through organizations that have made commitments to comprehensive school health education. The following steps can help make the process easier.

  - Request that every SHC member answer the following questions in their own words: What is a comprehensive school health education program? What do we want our comprehensive school health program to achieve? What should the health education, health services, and health environment be in our school system?
  - One person should compile responses and draft the philosophical statement.
  - The SHC should review the draft and formulate a revised draft.
  - The revised philosophical statement should be presented to the school board and the superintendent for their approval.



Strategic Plans

Another common strategy used by SHCs to guide their work is to develop a strategic plan. A SHC should first identify its mission. Next it should identify its goals for accomplishing the mission; goals are what the SHC must achieve if it is to accomplish its mission. Finally it should identify objectives for accomplishing the goals; objectives are the detailed descriptions of the specific actions required to achieve specific results. The strategic plan should be for a specific amount of time, perhaps for a single school year. Goals and objectives should be written in measurable terms as much as possible, so that it will be obvious when they are accomplished. An example of part of a simple strategic plan follows.

- **Mission.** All children, grades K through 12, will receive sequential health instruction that reflects current health issues facing the local community.
- **Goal.** To provide students with the knowledge and skills that enable them to adopt and maintain healthy attitudes and behaviors throughout their lives.
- **Objectives.** 1.) By the start of the next academic year, design and implement a progressive health curriculum that meets the needs of all of our students. 2.) By January 1, design and implement a program to guarantee family involvement in the health education of their children.

✓ Again, educate your local SHC on why it is important to develop a strategic plan. They may have never thought about it before!

✓ Once again, offer to assist your local SHC in developing a strategic plan. Offer to facilitate the process or assist in finding someone who can.

How Are SHC Meetings Conducted?

Most of a SHC's work is completed during meetings. Therefore, it is essential that meetings are effective. To ensure that meetings are well organized and goal-directed, the following factors should be given consideration:

- **Regular meeting schedule.** An annual calendar of dates, times, and locations for regular meetings should be established. It is helpful if there is a pattern to meeting dates, such as the third Wednesday of the month. Some SHCs meet in the schools to help members become more familiar with the school environment. Any responsibility for food costs and transportation should be made clear at the beginning of the year.

✓ Find out when, where, and how often your local SHC meets. If there is no pattern to meeting dates, times, and locations, suggest that a pattern be established.

✓ Make sure that SHC meetings are advertised and open to the public.

✓ Provide your SHC with a mock agenda to use as a model.

- **Agenda.** Members should receive a tentative agenda with a request for suggested agenda topics one to two weeks before a meeting. Suggestions should be returned at least one week in advance of the meeting for incorporation into the agenda. Members should be able to easily understand the agenda, and action items should be designated separately from information items and discussion-only items. Minutes of the previous meeting should accompany the mailed tentative agenda.

  Here is an example of how an agenda could be structured: 15 minutes for refreshments and socializing; 10 minutes for review and acceptance of minutes of last meeting and review of agenda; 15 minutes for report from school personnel on programs and activities; 30 minutes for discussion of future projects; 15 minutes for reviewing and voting on action items; 15 minutes for presentation of items to be voted on at next meeting; and 15 minutes for review of meeting and setting next agenda.

- **Phone communications.** Members should be called two days prior to the meeting as a reminder. A phone tree should be established to communicate quickly on activities and for inclement weather. Also, a central phone number should be designated for information.

- **Refreshments.** If the meeting is not held at a mealtime, then light refreshments should be provided. This should be indicated on the agenda.

✓ If refreshments are not regularly available at SHC meetings, offer to donate them for a meeting in the name of the American Cancer Society.

- **Punctuality.** Meetings should start and end on time. Waiting for latecomers before starting a meeting or allowing discussion to drift past a specific time will promote the continuation of these behaviors.

- **Environment and atmosphere.** The meeting should be held in a physically comfortable room with seating that allows members to easily see and hear each other. U-shaped or semi-circular seating arrangements work well. Members should be greeted warmly as they arrive and introduced to one another. All members should be involved in discussions and positively acknowledged for their contributions. Periodically discussion should be summarized for the group. A member should be designated to keep a written record of discussion topics, major ideas, and decisions.
- **Follow-up.** All tasks requiring follow-up or completion should be assigned to a SHC member before moving on to a new topic. Time should be allocated at the end of the meeting to determine the tentative agenda for the next meeting.
- **Other suggestions.** Each meeting should add to the members' understanding of comprehensive school health education. Each member can be an advocate for school health (and the American Cancer Society) for many years after participation in a SHC.

✓ If meetings are not regularly held in a comfortable environment or atmosphere, offer to assist the SHC in finding a facility that is more conducive to productive meetings and one that does not charge a fee. Or suggest that meetings be held in the schools.

✓ Periodically volunteer the local ACS Unit to follow up or complete agreed upon tasks for the SHC.

✓ Again, provide SHC members any ACS materials that might further educate them on the need for and importance of comprehensive school health education.

What Factors Influence the Functioning of SHCs?

A SHC is frequently faced with factors that influence how well it functions and serves its purpose. Interestingly, such factors can either hinder or help the functioning of a SHC. For instance, special interest groups often approach SHCs about considering their perspective when advising the school board on what should be taught in the school health education program. These groups sometimes generate positive energy around a topic that leads to its quick implementation into the school health education curriculum. Other times these groups can impede the process by bringing controversy to the school health program that then must be diffused.

It is important for SHC members to recognize that these factors are almost always present and impact virtually every aspect of SHC functioning. Thinking in advance about how the dynamics of the group will be influenced by these factors will increase the likelihood that these factors will be helpful rather than not. The following list identifies many of these factors:

- How SHC roles and responsibilities are defined
- How membership roles and responsibilities are defined
- How SHC structure within the school system is defined
- What bylaws for SHC functioning exist
- Whether liaison with school system is designated
- What level of administrative support exists
- What level of leadership within SHC exists
- How SHC is organized/structured
- What values and attitudes within school/community exist
- How knowledgeable the school board is about school health
- What role special interest groups play
- What school health curriculum currently exists
- What competition exists for funds and facilities
- How controversy is managed
- What legislative mandates exist
- Whether members are representative of the community
- How committed members are to CSHE
- How knowledgeable members are about CSHE

✓ Interview SHC members and school personnel about which of these factors negatively influence the functioning of your local SHC. Identify ways in which your local Unit can work with SHC members so these factors can help rather than hinder. For example, if school board members lack knowledge about comprehensive school health education, your Unit could meet with individual school board members to educate them about what comprehensive school health education is and why it is so important.

How Are SHCs Evaluated?

It is important for a SHC to periodically assess how well it works. SHC members should ask themselves whether the SHC does what it is supposed to, and if so, for whom and to what extent. By answering these questions honestly, the SHC will be able to serve their school system more effectively. To help evaluate effectiveness of the SHC, the following questions should be considered:

- Does the SHC regularly generate sound advice and activities to support comprehensive school health education?
- Do schools and the community recognize the SHC as a valuable asset in promoting the health of students and school personnel?
- Are regular monthly/bi-monthly meetings occurring with most members attending?
- Are established procedures for conducting business understood by members?
- Does a positive relationship exist between the SHC and school personnel?
- Is there a recent history of the school system seeking advice from the SHC and acting on SHC recommendations?
- Does SHC membership represent important segments of the community?
- Is an elected chairperson providing positive and productive leadership?
- Are members willing to make the necessary time commitment and do they appreciate the opportunity to support the school health program?

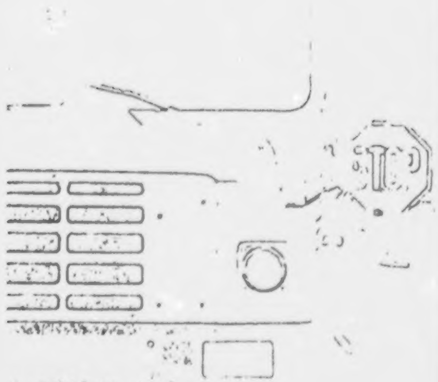
Here is an additional list of questions for evaluating SHC functioning. An effective SHC should be able to answer "yes" to each of the following questions:

- Is there a statement of purpose and goals?
- Are the SHC activities benefiting the school health program?
- Have SHC activities developed community understanding of school health education?
- Do SHC members understand what is expected of them?
- Are SHC members aware of the status of school health programs in most of the schools in their school system?
- Are members provided information on state and national developments in school health?
- Have members received sufficient orientation to the school and school health program?

✓ Educate your SHC on why evaluation is so important.

✓ Share the accompanying list of questions with SHC members. Offer to facilitate an evaluation session using these questions as a springboard for discussion on how the SHC could function better. (Adapted from Fraser, Katherine. *Someone at School has AIDS: A Guide to Developing Policies for Students and School Staff Members Who Are Infected with HIV.* National Association of State Boards of Education, 1989, pp. 28-29.)

- Is the SHC given sufficient information and time to study and discuss issues before making recommendations?
- Does the SHC membership reflect varying and opposing viewpoints?
- Are meetings conducted in an impartial, parliamentary manner, allowing all members to express opinions?
- Is the importance of members' time recognized by keeping meetings on schedule and directed to the agenda?
- Are SHC members presented the facts and consulted when changes are made in the school health program?
- Are SHC functions selected with care and limited to a reasonable number?
- Do members receive adequate notice of meetings and are minutes mailed promptly?
- Are members given assignments based on their expertise?
- Are membership rosters current?
- Does the SHC encourage school administrators to meet with the council or individual members on selected issues?
- Are members invited to school functions such as concerts or plays?
- Are members encouraged to visit health classes?
- Does the SHC hold an annual breakfast or dinner for all members?
- Does membership have adequate representation of ethnic and economic groups in the community?
- Do members receive recognition for their contributions in school publications, news releases, or other vehicles?
- Do school personnel recognize and support the contributions of SHC members?



Conclusion

Although all SHCs are similar in their general purpose and functioning, no two SHCs are alike. Even a state-mandated SHC governed by specific guidelines has its own character and personality. After all, SHCs are comprised of people with their own characters and personalities. This is perhaps the most important element of SHCs because it ensures that their recommendations reflect the individual needs and values of the community. SHCs are supposed to be the voice of the community about important school health education issues. However, unless community members get involved, SHCs do not work. Therefore it is essential that every concerned citizen and agency remember its obligation to their SHC, their school system, and, most importantly, to their community's children.

✓ Ensure that your SHC reflects your community by exercising your power to participate in and influence SHC functioning. Encourage other agencies and individuals to take advantage of this opportunity as well. ACS can and should provide leadership to ensure a strong SHC through strong community involvement.

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HEALTH FOR SUCCESS!

EXCELLENCE IN
SCHOOL HEALTH
EDUCATION

AMERICAN
CANCER
SOCIETY

Hope. Progress. Answers.

BEST COPY AVAILABLE

Meeting Planner

Provide the information requested, and check off the tasks as they are completed.

_____ Meeting date, time, and location have been set:
Date__________ Time__________ Location__________________________

_____ Notify participants of the meeting
Reminder letter__________ Media release__________

_____ The purpose of the meeting has been decided:
Purpose__________________________

_____ A chair or leader for the meeting has been chosen and he or she has been involved in preparing the agenda or has been fully briefed:
Chair or meeting leader ______________________

_____ The agenda will accomplish the meeting's purpose, encourage commitment and involvement, and provide clear leadership roles.

_____ Necessary resources have been identified and include
  _____ Sign-in sheet
  _____ Printed agenda
  _____ Minutes of previous meeting
  _____ Background materials
  _____ Proposals
  _____ Worksheets
  _____ Transparencies
  _____ (Other)______________________

_____ Members have been asked to serve as
  _____ Note taker__________________________
  _____ Timekeeper__________________________
  _____ Presenters__________________________, __________________________,
  ____
  _____ Sign-in greeter__________________________
  _____ Refreshment providers__________________________, ______________________
  _____ Refreshment servers__________________________, ______________________

_____ The following logistical matters have been considered:
  - _____ Tables for sign-in and refreshments
  - _____ Chair arrangements
  - _____ Newsprint and markers
  - _____ Easel or chalkboard
  - _____ Outlets for audiovisual equipment
  - _____ Podium and microphone setup

_____ Child care will be provided by ______________________________

_____ Transportation will be provided by ______________________________

Adapted from *Organizing for Social Change: A Manual for Activists in the 1990s*, 2nd ed., by Kim Bobo, Jackie Kendall, and Steve Max (Santa Ana, Calif.: Seven Locks Press, 1996) 102.

Script for Transparencies

INTRODUCTION: The information in the script is based on the Introduction, *Cooordinated School Health: An Overview*. The transparencies and script may be used for the organizational meeting to guide opening remarks and explain a Community-School Health Advisory Council (CSHAC). The script answers the following questions: Why is school health important? What do school health programs include? What is a Community School Health Advisory Council? These same materials can be adapted for use with other audiences to explain comprehensive school health and CSHACs.

Transparency 1: Promoting Healthy Youth and Healthy Schools

Title slide

Transparency 2: The health of our children depends on our families, schools and communities.

Research confirms what we have known all along. The health of children and adolescents depends on their families, schools, and communities.

- Youth who feel connected to their families and schools are healthier and less likely to get in trouble.
- When parents are involved in schools, student learning, behavior, and attitudes improve.
- Health is everyone's business—not just the school's, family's or health care facility's responsibility.
- But families, schools, and government agencies are limited in what they can do alone to address the health issues of youth.

Transparency 3: "Efforts to improve school performance that ignore health are ill-conceived, as are health improvement efforts that ignore education." ***(Health Is Academic)***

We hear a lot of discussion today about improving student performance and our schools. It is important that health be a part of these plans to enhance learning. In addition, when we plan to promote health in the schools and community, we need to think about the whole school. Health improvement and school improvement are interrelated and critical to each other's success.

Transparency 4: "If schools do not deal with children's health by design they deal with it by default." ***(Health Is Academic)***

Some would argue that schools have no business addressing health issues and that they need to stick to teaching the basics. Unfortunately when schools do not deal with health issues proactively, they end up dealing with these issues later when they become a problem or a crisis.

Transparency 5: What are the most pressing issues facing the children and youth in our schools today?

Let's take a few minutes to identify some of the most pressing issues facing students in our school district today. What do you think they are? (Write participant responses on a flip chart or blank transparency.)

Which of these issues relate to health? (Check or circle those that relate to health.)

Transparency 6: Behaviors that affect health and learning

As you can see, the health issues currently facing children and youth differ from those 30 to 40 years ago. Then children were often harmed by infectious diseases, but advances in medications and vaccines have largely addressed these problems.

More than ever, the health of children and adults is linked to the behaviors that they choose to adopt. These six behaviors account for most of the serious illnesses and premature deaths in the United States.

- Tobacco use
- Poor eating habits
- Abuse of alcohol and other drugs
- Behaviors that result in intentional (violence and suicide) and unintentional injuries (motor vehicles accidents)
- Physical inactivity
- Sexual behaviors that result in HIV infection and other sexually transmitted diseases, and unintended pregnancies

Transparency 7: Children and youth are at risk

Health statistics show us how widespread these problems have become:

- More than 3,000 youth start smoking every day.
- Daily participation in high school physical education classes dropped from 42 percent in 1991 to 27 percent in 1997.
- Three of every four youth do not eat the recommended daily amount of fruits and vegetables.
- Each year, almost 1 million teens become pregnant and 3 million become infected with a sexually transmitted disease
- More than 30,000 youth die in motor vehicle accidents each year.

Transparency 8: Why do schools need to address health issues?

The problems caused by these behaviors reduce children's attendance at school and contribute to them failing in school. Education and health are linked. Schools alone do not address all the health needs of children and youth. However, schools provide a crucial opportunity to prevent or reduce risky health behaviors.

Prevention programs that reduce health risks and improve the health status of children work. After looking at many research studies, the Centers for Disease Control concluded that for every dollar invested in

- effective tobacco education, society saves an estimated $26.45 in health care and other costs;
- alcohol and other drug use prevention, society saves $5.69; and
- prevention of early and unprotected sexual activity, society saves $5.10.

However, school health programs are more than just a single prevention program designed to reduce teen smoking or increase seat belt use. Rather, it is a coordinated and comprehensive approach to health that

- targets key risk factors to health and learning;
- gains support from students, parents, friends, and adults within the community;
- incorporates many different strategies for promoting and educating about health; and
- employs a program planning process that includes a wide variety of stakeholders.

Transparency 9: A model for school health

The Centers for Disease Control created a model for coordinated school health that includes eight key parts. They are…

1. *Health education* in grades K-12 curriculum that addresses the physical, emotional, mental, and social aspects of health. Designed to help students improve their health, prevent illness, and reduce risky behaviors.
2. *Physical education* in grades K-12 curriculum that promotes lifelong physical activity.
3. *Health services* that provides preventive services, education, emergency care, referrals, and management of acute and chronic health problems. Designed to prevent health problems and ensure care for students.
4. *Nutrition services* that integrate access to nutritious and appealing meals, nutrition education, and an environment that promotes healthy eating.
5. *A healthful school environment* that provides a safe, healthy, and supportive climate for learning.
6. *Counseling and psychological services* that include individual and group assessments, interventions, and referrals. Designed to prevent problems early and enhance healthy development.
7. Health promotion for staff that includes assessment, education, and fitness activities for school faculty and staff who serve as role models for students.
8. Family and community involvement that includes school-community health advisory councils and coalitions to build support for school health programs.

Transparency 10: Outcomes of school health improvement efforts

Evaluation of early efforts to start coordinated school health programs show great promise. Schools that implemented programs showed improved attendance and

- less smoking among students and school staff,
- lower rates of teen pregnancy,
- increased participation in physical fitness activities,
- greater interest in cholesterol levels and healthier diets, and
- increased use of school health and counseling services, which resulted in fewer discipline problems and delayed the onset of risky behaviors.

Transparency 11: "Never doubt . . ."

Schools alone can't be responsible for the health and well-being of children and youth in their communities, but they play an important role. By creating a Community-School Health Advisory Council, schools can find partners within their communities to identify health problems and concerns, set priorities, and design solutions. Local leaders and parents know what is needed by their communities and children. When engaged as decision makers, communities have proven time and again that they are up to the task of addressing local problems and supporting schools in their tasks.

Transparency 12: Community-School Health Advisory Council

A CSHAC is a core group of parents, youth, educators, and others who represent different segments of the community. The key purpose of a CSHAC is "advising." The group works together to give advice and support to the school on all parts of its school health program. The Council is not part of the school's administrative structure nor does it hold any legal responsibilities. The kind of advice given depends upon the role the school wants it to serve.

Transparency 13: Councils can help with...

CSHACs can help with...

1. *Program planning,* such as participating in curriculum review, identifying emerging health issues, encouraging innovation in health education, and providing inservice training programs.
2. *Advocacy,* such as ensuring that sufficient resources are given to support school health and health education programs, helping to build understanding between the school and community, and linking the school to other community resources.
3. *Fiscal planning,* such as helping to raise funds for local programs and preparing grant applications.
4. *Education,* such as initiating policies related to smoking, alcohol use, and the sale of nutritious foods, and organizing schoolwide health promotion events.
5. *Evaluation and accountability,* such as ensuring that the school's health and physical education programs are achieving their goals, obtaining input from parents and school staff, and identifying health needs.

Transparency 14: Benefits of a Council

In the letter that invited you to this meeting, we included the information sheet *Benefits of a Community School Health Advisory Council* (Step 1, page 1-15). Can you think of any other benefits not listed on this handout?

Transparency 15: Membership should...

Membership on a Community-School Health Advisory Council should be as representative of our school and community as possible. We want to involve people with a broad variety of education, experiences, opinions, economic levels, gender, race and ethnic backgrounds, and ages. Key leaders from the community and school need to be included as well as those we may not typically think of for those kinds of leadership and volunteer activities.

Transparency 16: Who can be a member?

Here are some examples of the kind of people that we want to involve.

Transparency 17: Who else do we need to involve?

Can you think of others who we need to contact and ask to be involved in this effort?

Promoting Healthy Youth and Healthy Schools

Community
School Health
Advisory Councils

Our children's health depends on our families, schools, and communities.

- Youth who feel connected to their families and schools are healthier and less likely to get into trouble.
- When parents are involved in schools, student learning improves.
- Health is everyone's business.
- But families, schools, and agencies are limited in what they can do alone.

Community
School Health
Advisory Councils

"Efforts to improve school performance that ignore health are ill-conceived, as are health improvement efforts that ignore education."

Health Is Academic, 1997.

School Health

“If schools do not deal with children’s health by design, they deal with it by default.”

Health Is Academic, 1997.

School Health

What are the most pressing issues facing the children and youth in our schools?

School Health

Behaviors that affect health and learning

- Tobacco use
- Poor eating habits
- Abuse of alcohol and other drugs
- Behaviors that result in intentional and unintentional injuries
- Physical inactivity
- Unprotected sexual activity

School Health

Children and youth are at risk

- More than 3,000 youth start smoking every day.
- Daily participation in high school physical education continues to drop.
- Three of every four youth do not eat recommended amount of fruit and vegetables.
- Almost 1 million teens become pregnant, and 3 million contract STDs each year.
- More than 30,000 youth die in motor vehicle accidents each.

School Health

Why do schools need to address health issues?

- Education and health are linked.
- Prevention programs work.
- Need to address physical, mental, social, and emotional health.
- Most effective approaches are coordinated and comprehensive.

Community
School Health
Advisory Councils

A model for school health

- Health education
- Physical education
- Health services
- Nutrition services
- Healthful school environment
- Counseling and psychological services
- Health promotion for staff
- Family and community involvement

School Health

Outcomes of school health improvement efforts

- Improved student attendance
- Less smoking among students and staff
- Lower rates of teen pregnancy
- Increased participation in physical fitness activities
- Greater interest in healthier diets
- Fewer discipline problems

Community
School Health
Advisory Councils

"Never doubt that a
small group of committed people
can change the world.
Indeed, it is the only thing
that ever has."

Margaret Mead

School Health

Community-School Health Advisory Council

- A core group of parents, youth, educators, and other communitymembers
- Gives advice and support to the school on all parts of school health
- Helps promote healthy behaviors and a healthy environment

Councils can help with...

- Planning programs
- Advocating for health programs
- Raising funds
- Educating the community
- Assessing needs and evaluating programs

Benefits of a council

- Increase parent and community involvement in the school
- Link schools with community health resources
- Provide a means for improving school health policies and programs
- Educate the community about the school and health issues.

Community
School Health
Advisory Councils

Membership should...

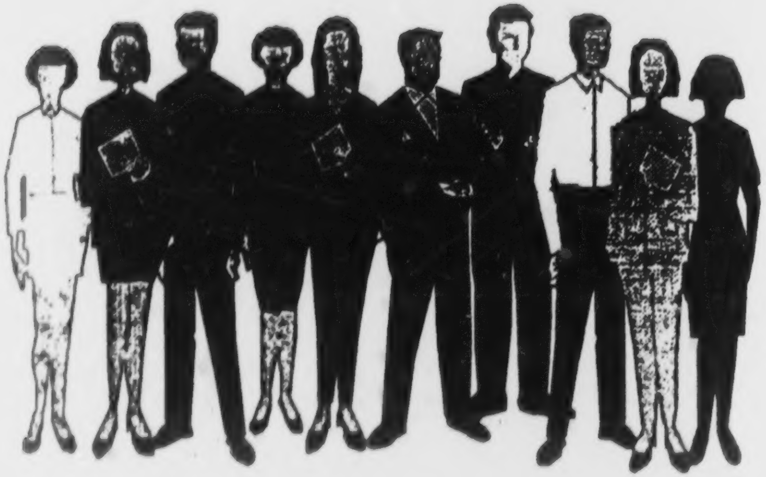
- Represent all segments of the community
- Involve people with a wide variety of backgrounds and experiences
- Include key players in the community and school
- Involve the least powerful as well as the most powerful

Who can be a member?

- Parents and parent teacher organizations
- Youth
- Health care providers
- Business people
- Community leaders
- Extension staff
- Human service agency representatives
- School personnel
- Clergy

Community School Health Advisory Councils

Who else do we need to involve?

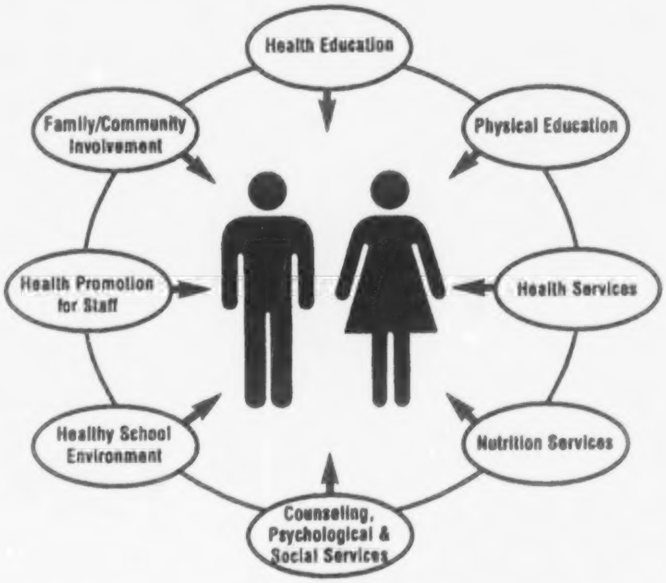


Community
School Health
[illegible] Advisory Councils

School Health Programs:

An Investment in Our Nation's Future

AT-A-GLANCE
1999


Health Education
Physical Education
Health Services
Nutrition Services
Counseling, Psychological & Social Services
Healthy School Environment
Health Promotion for Staff
Family/Community Involvement

> *"Schools could do more than perhaps any other single institution in society to help young people, and the adults they will become, to live healthier, longer, more satisfying, and more productive lives."*
>
> Carnegie Council on Adolescent Development

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Health Challenges of Youth

Many of the health challenges facing young people today are different from those of past decades. Advances in medications and vaccines have largely addressed the ravages once wrought on children by infectious diseases.

Today, the health of young people, and the adults they will become, is critically linked to the health-related behaviors they choose to adopt.

Damaging Behaviors

A limited number of behaviors contribute markedly to today's major killers, such as heart disease, cancer, and injuries. These behaviors, often established during youth, include

- Tobacco use.
- Unhealthy dietary behaviors.
- Inadequate physical activity.
- Alcohol and other drug use.
- Sexual behaviors that can result in HIV infection, other sexually transmitted diseases, and unintended pregnancies.
- Behaviors that may result in intentional injuries (violence and suicide) and unintentional injuries (motor vehicle crashes).

These behaviors place young people at significantly increased risk for serious health problems, both now and in the future.

Youth Are at Risk

- Every day, nearly 3,000 young people take up smoking.
- Daily participation in high school physical education classes dropped from 42% in 1991 to 27% in 1997.
- Almost three-fourths of young people do not eat the recommended number of servings of fruits and vegetables.
- Every year, almost 1 million adolescents become pregnant, and about 3 million become infected with a sexually transmitted disease.

School Health Education Proven Effective

Every school day, 50 million young people attend more than 110,000 schools across our nation. Given the size and accessibility of this population, our schools can make an enormous, positive impact on the health of the nation.

Rigorous studies show that coordinated health education in schools effectively reduces the prevalence of health risk behaviors among youth. For example,

- Planned, sequential health education resulted in a 37% reduction in the onset of smoking among 7th-grade students.
- Self-reported reductions in drug use, alcohol consumption, and cigarette smoking were achieved through coordinated school health education.
- When students were enrolled in a school-based life skills training program, 44% fewer students used tobacco, alcohol, and marijuana one or more times per month than those not enrolled in the program.

In 1998, Congress emphasized the opportunity afforded by our nation's schools when it urged CDC to "expand its support of coordinated health education programs in schools."

Enthusiasm for addressing health among young people has grown in the private sector as well. National health and education organizations, including the American Medical Association, the American Cancer Society, and the National PTA, actively endorse a coordinated approach to health education in the school setting.

CDC Program Elements

Fiscal year 1999 funding of more than $9.6 million enables CDC to strengthen national efforts for coordinated school health education and to provide direct support to 15 states.

National Framework

CDC has established a national framework to support coordinated health education programs in our nation's schools. More than 30 professional and voluntary organizations work with CDC to develop model policies, guidelines, and training to assist states in implementing high-quality school health education.

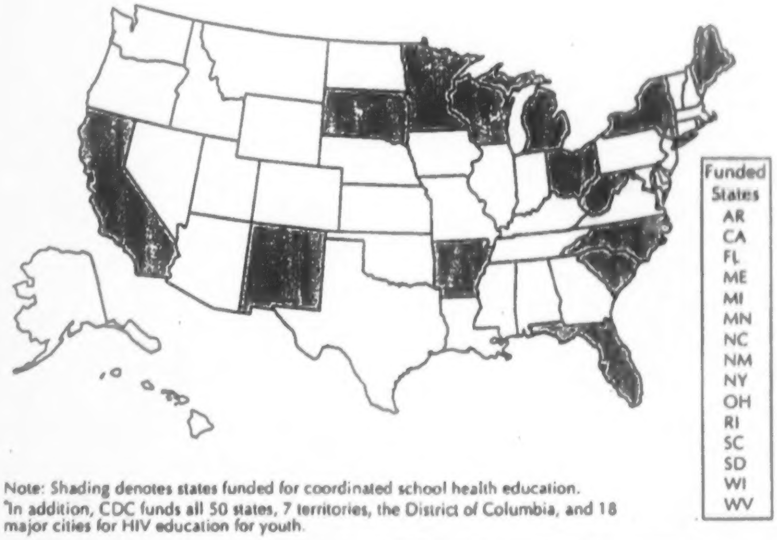
As part of this effort, CDC collaborates with scientists and education experts to identify curricula that have successfully reduced health risk behaviors among young people. CDC provides resources to ensure that these curricula, including training for teachers, are available nationwide for state and local education agencies interested in using them. Schools themselves decide which curricula best meet their students' needs.

State-Based Programs

Through the established national framework and in collaboration with health and education partners, CDC assists funded states to provide youth with information and skills needed to avoid risk behaviors, including tobacco use, unhealthy dietary behaviors, and inadequate physical activity. In addition to receiving instruction, students practice decision-making, communication, and peer-resistance skills to enable them to make positive health behavior choices.

In addition to the 15 states funded for coordinated school health programs, CDC helps all 50 states, 7 territories, the District of Columbia, and 18 major cities provide HIV education for youth. Through cooperative efforts with national organizations and the states, CDC supports training for more than 180,000 teachers annually on how to effectively administer HIV-education programs. These programs are designed to equip young people with skills and knowledge to avoid becoming infected with HIV and other sexually transmitted diseases. Fiscal year 1999 funding for HIV education in schools is approximately $47 million.

States Funded by CDC for Coordinated School Health Education, Fiscal Year 1998*



Note: Shading denotes states funded for coordinated school health education.

*In addition, CDC funds all 50 states, 7 territories, the District of Columbia, and 18 major cities for HIV education for youth.

School Health Education: Coordinated Efforts

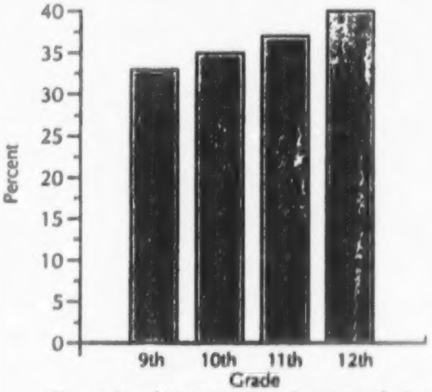
Research Benefits Schools

National efforts for coordinated school health education have been hampered by a lack of information on school health policies and programs. To address this need, CDC has conducted the School Health Policies and Programs Study to obtain valuable answers to specific questions about school health programs at the state, district, school, and classroom levels. For example, although most schools have a written policy prohibiting tobacco use, only about half have a policy that bans all smoking in school buildings and on school grounds.

Surveillance Plays a Key Role

Until recently, little was known about the prevalence of health risk behaviors among youth. The Youth Risk Behavior Surveillance System (YRBSS) now provides such information. Developed by CDC in cooperation with federal, state, and private-sector partners, this voluntary system includes a national survey of about 12,000 students and smaller surveys conducted by state and local education agencies. The YRBSS focuses on priority risk behaviors (e.g., tobacco use) and provides vital information to target or improve health programs.

Adolescents' Current Cigarette Use,* by Grade



*Reported smoking one or more cigarettes in the last 30 days.
Source: CDC, Youth Risk Behavior Survey, 1997.

CDC's Funded National Partners*

- Advocates for Youth
- American Association for Health Education
- American Association of Colleges for Teacher Education
- American Association of Community Colleges
- American Association of School Administrators
- American Cancer Society
- American College Health Association
- American Medical Association
- American Nurses Association
- American School Health Association
- Association of American Colleges and Universities
- Bacchus and Gamma Peer Education Network
- Communities in Schools, Inc.
- Comprehensive Health Education Foundation
- Council of Chief State School Officers
- Education Development Center
- Education, Training, Research Associates
- GIRLS, Inc.
- National Association of Community Health Centers, Inc.
- National Association for Equal Opportunity in Higher Education
- National Association of State Boards of Education
- National Association of Student Personnel Administrators
- National Coalition of Advocates for Students
- National Coalition of Hispanic Health and Human Services Organizations
- National Commission of Correctional Health Care
- National Conference of State Legislatures
- National Education Association
- National Latina Health Network
- National Network for Youth
- National School Boards Association
- National School Health Education Coalition
- Public Education Network
- Sexuality Information and Education Council of the United States (SIECUS)
- United Negro College Fund

*Fiscal year 1998.

For more information or additional copies of this document, please contact the
Centers for Disease Control and Prevention,
National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-32,
4770 Buford Highway NE, Atlanta, GA 30341-3717, (770) 488-3168.
ccdinfo@cdc.gov
http://www.cdc.gov/nccdphp/dash

Appendix E
Sample Worksheet

Next Meeting's Agenda

for the **(your community)** Community-School Health Advisory Council

(Send to Council members in advance of next meeting.)

Purpose of next meeting:

Meeting date:

Location:

Start and end times:

Meeting leader: Phone:

Time	Agenda Item	Council member Responsible	Disposition (information, discussion or decision)

Adapted from *Collaboration Handbook. Creating, Sustaining, and Enjoying the Journey* by Michael Winer and Karen Ray (St. Paul: Amherst H. Wilder Foundation, 1994) 149.

Appendix F

Conducting a Needs Assessment

In this appendix, these questions are answered:

- What is a needs assessment?
- Should our Council hire a technical consultant?
- What are the steps involved in conducting a needs assessment?
- What does the Council do after a needs assessment is completed?

WHAT IS NEEDS ASSESSMENT?

Needs assessment is a process of gathering, analyzing and reporting information about the health needs of your community's children. It also involves identifying the capacities or strengths that are currently available in your community to meet children's needs.

A needs assessment begins with the steps identified in this Guide. Convene a group of citizens, establish a vision, and prioritize the issues that require change. The members of your Council form a foundation for a needs assessment; they include professionals who have expertise on school health issues plus youths, parents and school staff who are likely to be affected by the changes that are planned.

The vision developed by your Council during Step 2 provides a clear picture of where you want to be in the future. The action plan developed during Step 3 determines what changes your council decided were the most important. Use the information from these two steps to help you determine what information you need to collect during the needs assessment. The information gathered will help your Council make decisions on how to make the desired changes.

"A school health services needs assessment is the process of identifying the health needs of the children and youth in your community, determining whether and how well current services are meeting these needs, and setting priorities where there are identified gaps in service."

School Health Needs Assessment: A Starter Kit

Why should a needs assessment be conducted? As a Council begins to think about the action steps needed to create change, Council members often realize that they do not have enough information to make decisions. Members may base their decisions on selected "stories" or anecdotes they have heard from other members and community residents outside the planning group. Sometimes these anecdotes give inconsistent or inaccurate information.

Results from a well-designed needs assessment that uses sound research methods can be generalized to all residents in the community. A well-designed needs assessment allows Council members to feel confident when they use the information as the basis for decision-making.

Needs assessments raise awareness of the issue of school health and promote local interest in joining the Council to create change.

Why should we conduct a needs assessment?

1. To provide data for decision-making
2. To promote awareness and action
3. To satisfy a mandate
4. To obtain funding and other resources

Characteristics of a successful needs assessment:

1. Understand the current situation first
2. Begin with a vision of the future
3. Allow 2 to 5 questions to direct the assessment process
4. Address issues that stakeholders believe are important
5. Communicate information back to stakeholders

Foundations and other funders that may give resources to support your action plan often require a formal needs assessment.

What are the characteristics of successful needs assessments? A successful needs assessment provides comprehensive, useable and accurate information for decision-making. Needs assessments that result in this information begin with an appraisal of the current situation. The capacities of the community – services and other resources provided by local agencies, institutions and associations, and the skills and abilities of individual children and youth and their families – are identified.

Information on needs is collected through data that already exists and through newly collected data. The gap between current capacities and needs is identified and ideas on how to eliminate the gap are generated.

Your Council may find a large amount of information on the Internet but little of it may apply to the issue you are studying. Identifying 2 to 5 questions that you want the assessment to answer permits you to be more selective in collecting data and judging its usefulness. A preliminary list of questions also acts as a guide when you collect new information through surveys, focus groups or public meetings.

Finally, a needs assessment that gives useful and complete information addresses issues about which stakeholders care. Stakeholders are people with an interest in your issue and include parents, students, staff, and school administrators. The information gathered in a needs assessment should be communicated back to stakeholders. It is also important to involve these stakeholders in the planning process for the needs assessment and for improving school health.

SHOULD OUR COUNCIL HIRE A TECHNICAL CONSULTANT?

Designing and conducting an assessment is a highly technical process. Your Council may have a resource person who can provide technical advice on designing a study. This person should have graduate-level training and experience in statistics and research design.

If your Council does not have a member with these skills, consider finding and, possibly, hiring someone to work with the Council. While resources to pay a technical consultant are often limited, community members with these skills who are not on the Council can sometimes be persuaded to assist the Council.

Technical assistance may also be available through local community colleges, universities, and your state's extension network. Local agencies and organizations may provide resources to hire technical consultants and to cover the costs of data collection.

If your group decides to hire a technical consultant, be prepared to answer questions about the history of your planning process, any data that you have already examined (and what you learned from this data), the source of your funding, and any time restrictions on data collection and the planning process that will follow.

Whether the person guiding your assessment is or is not a member of your group, ask for a formal, written plan of the assessment. This work plan should include the steps in the process, a description of all parties' responsibilities, the expected outcomes, a timeline, and anticipated costs. If your Council is large, create a subcommittee with responsibility for overseeing the needs assessment and reporting progress to the Council.

WHAT ARE THE STEPS INVOLVED IN CONDUCTING A NEEDS ASSESSMENT?

Once you have determined your Council's source for technical assistance, the assessment may follow these steps:

1. **What do we know?** Be prepared to explain the information you have already collected and interpret this information.

2. **What do we still need to know?** Identify the additional information needed about the problem or gap. What questions are still partially or totally unanswered?

3. **How will we collect what we need to know?** Select the method to be used. The technical consultant may suggest using additional data that is already available or help you with analyzing the data you have already found.

You may decide to collect new data through surveying a random sample of parents or residents. If correctly conducted, results from telephone and mailed surveys can be generalized to the entire population or community of children and youth in your schools.

Steps in a needs assessment:

- *Do we need to hire a technical consultant?*
- *What do we know?*
- *What do we still need to know?*
- *What method will we use to collect what we need to know?*
- *Who will we ask?*
- *What will we ask?*
- *Who will collect the data?*
- *How will we compile and analyze the data?*
- *How will we report our findings?*

You may decide to collect new data through focus groups, face-to-face interviews, a public forum (such as a town meeting), or through the nominal group process. These four methods give useful information for planning and decision-making. However, their results cannot be generalized to all of your community's youth, children and families.

Your group may decide to use a combination of data collection methods. For example, holding a focus group after conducting a random sample mail survey provides supporting information to the survey results.

4. **What will we ask?** Creating the instrument for collecting data is also a highly technical process. The wording of questions influences the answers given, as well as the likelihood of getting any answer. Consideration must be given to the order and number of the questions, and, in a mailed questionnaire, the way the questionnaire is formatted (font size, spacing, highlighting or emphasis.)

5. **Who will we ask?** Identifying the characteristics of the people who will give you the information can be a lengthy process. Ideally, if time and resources permit, data are collected from everyone in the geographic area who has the characteristics in which you are interested. However, collecting information from everyone usually is not possible because of cost and time constraints.

Often a random sample is selected. A sample is a smaller group of people who are asked to participate in the assessment. A sample is random if everyone in the group you want to reach has an equal chance of being selected for the sample. If you are collecting information by using a random sample, the list of everyone with the identified characteristics in the geographic area for your assessment is sometimes difficult to identify and obtain. For a non-random sample such as a focus group, care must be taken to identify participants who represent important characteristics of the community.

Regardless of the sampling procedure, consideration should be given to issues of consent and confidentiality. Respondents need to know the purpose of your study, how the data they provide will be used, and the measures taken to protect their identity. They also need to know that they can choose not to participate without disrupting any services they are now receiving.

6. **Who will collect the data?** Volunteers from your Council can be used to distribute questionnaires if there are a sufficient number of volunteers and volunteer training is available. Conducting telephone interviews, face-to-face interviews, and focus groups requires special training and skills. Your group should consider asking someone with training and experience to prepare volunteers. Mail surveys may be less time consuming for your Council. Your state extension service or the consultant you hire may have resources to assist with stuffing and stamping envelopes.

7. **How will we compile the data?** Your Council may have someone who can create a database with the information you have collected. Frequencies are calculated for responses to questionnaires. Sometimes additional analyses of the data are done. You can look at the difference in responses between groups of respondents (for example, do parents of youth answer a question differently than parents of younger children).

Transcribing responses to open-ended questions (for mail and telephone surveys) and comments collected using focus groups or face-to-face interviews is also helpful. However, summarizing or analyzing this type of information is a highly subjective process. A technical consultant can provide a summary or guide you through the steps in creating your own summary.

"A plan well begun is a plan half done."
Anonymous

8. **How will we report our findings?** Once the data are collected, summarize the information in a report. Even more helpful is showing the results in charts or graphs that simplify the information for a lay audience. Graphing data can be a technical process. Your technical adviser can assist you in creating graphs or create them for you.

WHAT DOES THE COUNCIL DO AFTER A NEEDS ASSESSMENT IS COMPLETED?

Your needs assessment hopefully gave you the information you needed – information in which you have a high level of confidence as a basis for decision-making. But this is just a beginning. Unfortunately, many groups see a survey or assessment as the end of their efforts, instead of the means to achieving their vision.

Now is the time to celebrate the completion of your needs assessment as the successful end of a process that took cooperation and a good deal of hard work. Your celebration also marks the beginning of the next phase of the change effort. Your planning process must begin again by, literally, beginning again.

A facilitator can guide you through a review of your group's vision. This process involves formulating a statement of the problems you have identified, generating solutions, and creating a plan of action that uses existing strengths in your community.

Careful consideration should also be given to whether the Council membership is as inclusive as it needs to be, given the course of action you have chosen. When local residents and representatives of agencies, associations and institutions to whom you will look for resources are involved in the planning process, it is more likely they will support your efforts and endorse the results of your efforts in the future.

Prepared by: Kathlene Larson, Community Development – Data Information Analysis Laboratory, Iowa State University Extension

ACKNOWLEDGEMENTS

Karen Shirer, Ph.D.
Principal Author

Edward Schor, M.D.
Project Director

Connie Betterley, M.S., R.D.
Project Coordinator

Robin White
Research Assistant

Mark Jost
Copy Editor

Carol Hinton, R.N., M.S., CS.N.
School Health Coordinator